1 Copy.

CARDIGANSHIRE COUNTY COUNCIL



ANNUAL REPORT of the COUNTY MEDICAL OFFICER and PRINCIPAL

SCHOOL MEDICAL OFFICER
for the year 1969

I. MORGAN WATKIN, Ph.D. (Lond.), M.Sc., M.B., B.Ch., D.P.H (Wales)
County Medical Officer,
Principal School Medical Officer.

SWYDDFA'R SIR,
COUNTY OFFICE,
ABERYSTWYTH

Tel. Nos.: ABERYSTWYTH 7581-9

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CARDIGANSHIRE COUNTY COUNCIL.

Chairmen 1968-70—
Councillor Mrs. G. E. JONES, O.B.E., J.P.
Alderman M. LLOYD JENKINS

HEALTH COMMITTEE-

Chairman 1962-70—Councillor the Rev. T. PUGH JARMAN

and all Members of the Council plus one representative of Mid Wales Hospital Management Committee and one representative of South West Wales Hospital Management Committee.

HEALTH ADVISORY COMMITTEE-

Chairman 1967-70—Councillor the Rev. T. PUGH JARMAN

plus the Chairman and Vice-Chairman of the Health Committee, Chairmen of the Finance and General Purposes, Welfare and Bryntirion House Committees, 29 Members of the Council, 1 representative of the Local Medical Committee, 1 representative of the South Wales and Monmouthshire Branch of the National Society for Mentally Handicapped Children, 1 Member of the Education Committee, Dr. S. G. Budd, Dr. Michael Craft and Dr. Sidney Davies.

BRYNTIRION HOUSE COMMITTEE-

Chairman 1967-70—Alderman W. M. DAVIES, J.P.
plus the Chairman and Vice-Chairman of the Health Committee, 9 Members of the Council,
Mrs. D. E. B. Jones and Dr. Sidney Davies

County Education Committee—
Chairman 1961-70—Alderman W. M. DAVIES, J.P.
plus all Members of the County Council and 10 co-opted members

There is no School Health Sub-Committee as such and all health questions are considered by the appropriate sub-committees of the Education Committee.

Health Officers of the Authority.

County Medical Officer and Principal School Medical Officer	I. MORGAN WATKIN, Ph.D. (Lond.), M.Sc., M.B., B.Ch., D.P.H. (Wales).
Deputy County Medical Officer and Deputy Principal School Medical	
Officer	CLEMENT D. EDWARDS, M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.I.H. (Eng.), D.P.H. (Eng.).
Medical Officers in Department	W. J. St. ERVYL-GLYNDWR RHYS, M.A. (Cantab.), B.Sc. (Wales), M.B., B.S. (Lond.), M.R.C.O.G., D.P.H. (Wales) ANN RHYS, M.B., B.Ch. (Wales), D.P.M. (Wales) ANN CATHERINE BUTLER, M.B., B.S. (Lond)., M.R.C.S., L.R.C.P. (Lond.), D.C.H. (Lond).
Principal School Dental Officer	W. D. PERCIVAL EVANS, J.P., L.D.S., R.C.S. (Eng.)
School Dental Officers	E. BYRON LLOYD, L.D.S., R.C.S. (Eng.). S. D. NEALE, L.D.S., B.D.S. (Birm.)
Chief Nursing Officer, Supervisor of Midwives and Chief Health Visitor	
Deputy Chief Nursing Officer,	=
Deputy Supervisor of Midwives and Deputy Chief Health Visitor	Miss A. E. DAVIES, S.R.N., S.C.M., H.V. CERT., Distr. Trained (Resigned 28/2/69) Miss I. E. MANN, S.R.N., S.C.M., H.V. CERT., Distr. Trained (Commenced 29/9/69)
Public Health Inspector	EVAN RICHARDS, A.A.L.P.A., M.R.S.I., CERT. S.I.B.
County Mental Welfare Officer	J. R. EVANS, C.S.W., Aberystwyth
District Mental Welfare Officers	T. ALUN EVANS, Aberaeron (part time) T. S. EVANS MISS M. PARRY JONES H. A. LLOYD W. J. MORRIS (part time)
Psychiatric Social Worker	MRS. E. MAIR PIETTE, B.A. (Birm.), Cert. Mental Health (Lond.)
Home Help Organiser	Miss M. G. REES
Assistant Home Help Organiser	Miss M. JONES
County Analyst	D. C. JENKINS, M.Sc., F.R.I.C., F.C.S.
County Ambulance Officer	J. C. BLAYNEY (Commander of the Order of St. John), F.I.A.O.
Health Visitors (each holding the H.V. Certificate of the Royal Sanitary Institute)	Miss VALMAI DAVÍES, Ś.R.N., Ś.C.M. Miss C. HUGHES EVANS, S.R.N., S.C.M.

Orthopaedic Sister

Mrs. WINIFRED KOLCZAK, S.R.N., O.N.C.

District Nurse/Midwives

Nurse A. B. ATKINS, S.R.N., S.C.M., Aberaeron

Nurse D. BEVAN, S.R.N., S.C.M., Distr. Trained, Llanfarian

Nurse S. E. BOAST, S.R.N. (County Relief) (Resigned 30/11/69)

Nurse G. E. BOORE, S.R.N., S.C.M., Llandysul

Nurse M. BOWEN, S.R.N., S.C.M., Llangranog

Nurse A. DAVIES, J.P., S.C.M., Henllan (Resigned 31/3/69)

Nurse A. M. DAVIES, S.R.N., S.C.M. (County Relief)

Nurse E. DAVIES, S.R.N., S.C.M., Llanrhystud

Nurse E. H. DAVIES, S.R.N., S.C.M., Silian (Resigned 31/3/69)

Nurse E. W. JONES, S.R.N., Distr. Trained (County Relief)

Nurse J. H. DINGLEY, S.R.N., S.C.M., Aberystwyth

Nurse E. M. A. EDWARDS, S.R.N., S.C.M., Tregaron

Nurse D. ESAU, S.R.N., S.C.M., Aberporth

Nurse M. E. EVANS, S.R.N.

Nurse M. H. EVANS, S.R.N., S.C.M., Aberystwyth

Nurse M. M. EVANS, S.R.N., S.C.M., Glandyfi

Nurse M. E. T. GWYNNE, S.C.M., Llanafan

Nurse J. A. HARRHY, S.C.M., Mid-Aeron

Nurse M. R. HARRIES, S.R.N., S.C.M., Distr. Trained, Lampeter

Nurse S. M. HUGHES, S.R.N., Devil's Bridge

Nurse E. J. JOHN, S.R.N., S.C.M., Llangeitho

Nurse D. E. JONES, S.R.N., S.C.M., Llechryd

Nurse GLADYS JONES, S.R.N., S.C.M., Melindwr

Nurse I. M. JONES, S.R.N., S.C.M., Aberystwyth

Nurse M. M. GRIFFITHS, S.R.N., S.C.M. (County Relief (Commenced 1/12/69)

			Nurse M. M. KERINS, S.R.N., Distr. Trained, Cardigan (St. Dogmaels) (Commenced 1/7/69) Nurse G. E. JONES-DAVIES, S.R.N., Llanwenog Nurse E. LEWIS, S.R.N., Lampeter (Silian) Nurse E. A. LEWIS, J.P., S.R.N., S.C.M., Rhydlewis Nurse G. H. LEWIS, S.R.N., S.C.M., Cardigan (Verwig) Nurse M. M. MORGAN, S.C.M., Talybont Nurse G. MORRIS, S.R.N. (County Relief) Nurse E. E. NORTHAM, S.R.N., Distr. Trained (County Relief) Nurse R. M. REES, S.R.N., S.C.M., New Quay Nurse FRANKLIN THOMAS, S.R.N., Borth Nurse D. WALTERS, S.R.N., S.C.M. (County Relief) (Resigned 30/6/69) Nurse M. WILLIAMS, S.R.N., S.C.M., Distr. Trained, Rhydypennau
Dental Attendants .	•••	•••	MRS. D. M. WATSON, S.R.N. MISS W. A. P. MILLS MISS PATRICIA THOMAS
Consultant Educational I (part time)	Psycholog	ist	CYRIL B. E. JAMES, Ph.D., B.A., B.Ed., F.B.Ps.S.
Speech Therapist	•••	• • •	Mrs. J. E. HOLDING, L.C.S.T.
Chief Clerk	• • •	•••	D. OLIVER MORGAN.
Officers of the Region	onal Hos	pita	l Board who provide Specialist Services for the County Council.
Chest	•••	•••	D. LLEWELYN DAVIES, M.R.C.S. (Eng.); L.R.C.P. (Lond.) J. T. JONES, B.Sc., M.B., B.Ch. (Wales) G. O. THOMAS, M.D. (L'pool); M.B., Ch.B. (L'pool)
Ophthalmic	•••	•••	А. H. HALEY, B.Sc., M.B., B.CH. (Wales), D.O. (Eng.)
Orthopaedic	•••	•••	I. L. MACFARLANE, F.R.C.S. (Eng.); M.CH. (Ortho.) (L'pool)
Ear, Nose and Throat	•••	•••	SALATHIEL MORGAN, M.B., B.CH. (Wales); F.R.C.S. (Edin.)
Psychiatry	•••	•••	JOHN FARR, M.B., B.S. (Lond.); D.P.M. (Eng.) E. J. EURFYL JONES, M.A. (Oxon.); B.M., B.CH. (Oxon.), D.P.M. (Eng.).
Psychiatry (Sub-normal)	•••	•••	MICHAEL J. CRAFT, M.D. (Lond.), M.B., B.S., M.R.C.P.Ed., D.P.M. (Eng.)
Child Psychiatry	• • •	• • •	EVAN W. DAVIES, M.B., B.CH. (Wales); D.P.M. (Eng.)
Geriatrics	•••	•••	J. C. DAVIES, M.B., B.S. (Durh.), M.R.C.P. (Ed.). GARETH HUGHES, M.B., CH.B. (L'pool), M.R.C.P. (Glas.)
Hon. Consultant Psychia	trist	•••	SIDNEY DAVIES, M.B., B.S. (Lond.), D.P.M.
Venereology	•••	•••	H. VERNON WILLIAMS, M.R.C.S. (Eng.); L.R.C.P. (Lond.)

To the Chairman and Members of the Health Committee

I have pleasure in presenting the Annual Report of the Health Department for the year which ended on December 31st, 1969.

The year under review witnessed the acquisition of a new ambulance headquarters in Llanbadarn Road, Aberystwyth, and the opening of a new ambulance station at Cardigan. Both buildings filled a long standing need.

On the mental health side a female mental welfare officer was appointed for the first time and the psychiatric social worker was engaged on a full-time basis. The Principal Mental Welfare Officer was appointed to the post of Deputy County Welfare Officer but until the appointment of his successor the Department was fortunate in retaining his services on a part-time basis.

The acquisition of additional land as a play area for our Junior Training Centre, Ysgol Bronaeron, was agreed and it only remains for the solicitors to complete the legal formalities.

Suitable sites have been surveyed for the erection of a new adult training centre and a new mental health hostel for adults.

Our Chief Nursing Officer, Mrs. A. M. Dudley Thomas, retired after completing nearly 30 years service with the Authority and the Department wishes her many years of good health and happiness in her retirement. She was succeeded by Miss A. E. Davies, the Deputy Chief Nursing Officer, and Miss I. E. Mann, an area Group Advisor Health Visitor under the Glamorgan County Council was appointed to the post of Deputy Chief Nursing Officer.

The re-organisation of the health and social services was under active consideration by the government and firm decisions are likely to be taken before the end of 1970.

The protracted discussions regarding the proposed health centre at Cardigan appeared to be drawing to a conclusion and the way seemed clear for providing a centre for those doctors who wished to join.

A more detailed account of the work of the Department is set out in the ensuing pages.

I. MORGAN WATKIN,

County Medical Officer

TABLE I

Section 1—STATISTICS

AREA, POPULATION AND RATEABLE VALUE OF THE COUNTY

Total You County	443,189	53,648	53,500	£1,372,022	£1,404,608	£5,428	£5,542
Tregaron Tregaron	121,546	4,815	4,510	£61,861	£62,551	£228	£230
9bishi9T toirtsiU IsruA	73,102	10,358	10,230	£192,278	£194,957	£750	\$766
Aberystwyth toirtsiG lang	140,728	11,227	11,630	£245,905	£255,646	£975	£1,004
Aberaeron toirtei Listrict	99,321	9,014	8,670	£126,014	£128,030	£525	£545
vanQ weN toirteid nadrU	281	954	870	£31,898	£32,531	£125	£125
Гатрећег Вогои д ћ	1,754	1,855	2,120	£75,638	£81,081	£301	£320
ragibaaD AguoroA	4,928	3,789	3,830	£124,491	£127,301	£489	£508
Арегуяtwyth Вогоидћ	1,141	10,427	10,420	£471,306	£476,751	£1,860	£1,875
Aberaeron toirtsiU nadrU	88 88 88	1,209	1,220	£42,631	£45,760	£169	£169
		:	gistrar	ril, 1969	ril, 1970	ate 1969-70	d by 1d. rate
	Area in acres	Population (1961 Census)	Population Mid-1969 (Registrar General's Estimate)	Rateable Value at 1st April, 1969	Rateable Value at 1st April, 1970	Sum represented by 1d. rate 1969-70	Estimated sum represented by 1d. rate 1970-71

TABLE 2

VITAL STATISTICS

MOTHERS AND INFANTS

Live births	1410 1 1112111	J 11112				
Number-	-Males					
	Females	* * *			335	
Rate per	1,000 population	• • •			• • •	12.7
Ratio of	local adjusted bir	th rate	to nationa	al rate		0.91
Illegitimate	Live Births (per c	ent of to	otal live bi	irths)		7.00
Stillbirths Number-	—Males Females	•••	•••	• • •	3 2	. 5
	remaies		• • •	• • •	2	- 5
Rate per	1,000 total live a	nd stillb	firths		• • •	7.00
Total Live of	and Stillbirths	• • •		• • •		682
Infant Deat	ths (deaths under	one year	.)	• • •	• • •	9
Infant Mor	talitu Rates					
Total dea	aths under 1 year					13.0
	of legitimate infa nate live births		er i year 	-		13.0
Deaths of	of illegitimate informate live births	ants une	der 1 year	per	1,000	22.0
C						
	$egin{array}{ll} Mortality & Rate & (a) \ { m al \ live \ births)} \end{array}$				_	7.00
Paula Nac	and Montality De	.4. /ala]	
0	$natal\ Mortality\ Ra$	`			-	4.00
Peri-natal	Mortality Rate (sti	illbirths	and deatl	hs unc	der one	
	abined per 1,000 t					12.00
Maternal M	Intality (including	g abortic	on)			
						Nil
Kate per	1,000 total live a	nd still	births			

TABLE 3

CAUSES OF DEATH (All Ages) (Headings with no deaths allocated are omitted)

				Num	ER OF DEAT	HS
Causes of Death				Male	Female	Total
•						
	• • •	• • •	• • •	1	1	2
Other Tuberculosis, including Late Effe		• • •	• • •	1		1
Other Infective and Parasitic Diseases		• • •	• • •	1		1
Malignant Neoplasm, Buccal Cavity, et	c.	• • •	• • •	1	3	4
Malignant Neoplasm, Oesophagus	•••	• • •	• • •	2	5	7
Malignant Neoplasm, Stomach	• • •	• • •	• • •	16	12	28
Malignant Neoplasm, Intestine	• • •	• • •	• • •	12	11	23
Malignant Neoplasm, Larynx	• • •	• • •	• • •		1	1
Malignant Neoplasm, Lung Bronchus	• • •	• • •	• • •	23	4	27
Malignant Neoplasm, Breast	• • •	• • •	• • •		11	11
Malignant Neoplasm, Uterus	• • •	• • •	• • •		7	7
Malignant Neoplasm, Prostate	• • •	• • •	• • •	4		4
Leukaemia	• • •	• • •	• • •	2		2
Other Malignant Neoplasms	• • •	• • •	• • •	12	25	37
Benign and Unspecified Neoplasms	• • •	• • •	• • •	were the same of t	1	1
Diabetes Mellitus	•••	• • •		3		3
Anaemias	• • •	• • •	• • •		3	3
Chronic Rheumatic Heart Disease	• • •	• • •	• • •	3	2	5
Hypertensive Disease	• • •	• • •	• • •	5	8	13
Ischaemic Heart Disease	• • •	• • •	• • •	118	86	204
Other Forms of Heart Disease	• • •	• • •	• • •	29	33	62
Cerebrovascular Disease	• • •	• • •	• • •	42	74	116
Influenza	• • •	• • •	• • •	1	3	4
Pneumonia	***	• • •	• • •	23	28	51
Bronchitis and Emphysema		• • •	• • •	19	6	25
Asthma	•••	• • •	•••		i	1
Peptic Ulcer		• • •	• • •	3	$\overline{3}$	6
Intestinal Obstruction and Hernia				ĭ		i
Cirrhosis of Liver	• • •			4		4
Nephritis and Nephrosis	• • •	• • •	• • •	î	1	$\overline{\hat{2}}$
Hyperplasia of Prostate	• • •	• • •	• • •	$\overset{\circ}{2}$		$\frac{1}{2}$
Concenital Anomalias	• • •	• • •	• • •	4	4	$\frac{2}{8}$
Birth Injury, Difficult Labour, etc.	• • •	• • •	• • •		1	i
Other Causes of Perinatal Mortality	• • •	• • •	• • •	$\overline{2}$		$\frac{1}{2}$
Symptoms and Ill-defined Conditions	• • •	• • •	• • •	$\frac{2}{4}$	11	15
Other Endogrine etc. Diseases	• • •	• • •	• • •	#	1	10
Other Endocrine, etc., Diseases Mental Disorders	• • •	• • •	• • •		1	ì
	• • •	• • •	• • •		1	4
Other Diseases of Nervous System, etc.	•	• • •	• • •	11	4	15
Other Diseases of Respiratory System		• • •	• • •	11	4 25	51
Other Diseases of Circulatory System	• • •	• • •	• • •	16	35	
Other Diseases of Digestive System	• • •	• • •	•••	3	1	4
Other Diseases, Genito-Urinary System		• • •	• • •	2	4	6
Diseases of Skin, Subcutaneous Tissue	• • •	• • •	• • •	~	1 5	1
Diseases of Musculo-Skeletal System	• • •	• • •	• • •	$\frac{5}{7}$	5	10
Motor Vehicle Accidents	•••	• • •	• • •	7	ī	8
All other Accidents	• • •	• • •	• • •	$\frac{6}{2}$	5	11
Suicide and Self-Inflicted Injuries	• • •	• • •	• • •	5	2	7
All other External Causes	• • •	• • •	•••	2		2
	er:			202	400	007
	TOTAL	• • •	• • •	396	409	805

Crude death rate per 1,000 population 15.0 Ratio of local adjusted death rate to national rate ... 1.0

TABLE 4

CAUSES OF DEATH IN AGE GROUPS

(Headings with no deaths allocated are omitted)

Age in Years	1—4 5—14 15—24 25—34 35—44 45—54 55—64 65—74 75 and over	M F M F M F M F M F M F M F M F M F M F	
T to Control	Total 4 All Ages weeks	T F M	1
	T Causes All	M	Tuberculosis of Respiratory System Other Tuberculosis, including Late Effects Other Infective and Parasitic Diseases Malignant Neoplas, Buccal Cavity, etc. Malignant Neoplasm, Stomach Malignant Neoplasm, Intestine Malignant Neoplasm, Larynx Malignant Neoplasm, Larynx Malignant Neoplasm, Luryns Malignant Neoplasm, Breast Malignant Neoplasm, Prostate Leukaemia Other Malignant Neoplasms Malignant Neoplasms Malignant Neoplasms Malignant Reoplasms Malignant Neoplasms Malignant Neoplasms Malignant Neoplasms Malignant Neoplasms Chronic Rheumatic Heart Disease Hypertensive Disease Chronic Rheumatic Heart Disease Hypertensive Disease Chronic Rheumatic Disease Hypertensive Disease Other Forms of Heart Disease Cerebrovascular Disease Influenza Influenza

TABLE 4 (Continued)

	75 d over	팑	4	10	N				1		=	;	_	-	83	53	⊸ c	٦ -	4 ಣ	1	က			244
	7 and	M	7				_	_	<u>~</u>		=	#	-		4	12		1	2		က	63		169
	-74	Ţ	-	<u></u> -	-	۱						-	'	67	_	4	-	-			_	-		91
_	65 	M	6	-	<u> </u>										4	က			೧೦	·	_	63		121
	-64	Ēų	-								j				_	C7	-	-	2		_			41
	10 10	M	-	-	⊣										63	-					_		-	58
	—54 —	Ť														1								19
	45	M	63	-	-	67							١		_	'	-			_				25
	44	ĬΞ											1											4
Year	မေ ကို	M							-										1		_		-	10
Age in Years	-34	Ť																						2
Ag	25-	M																		_				က
	-24	Ħ							_					_	1									က
	15	M											1							4	1	1		4
;	-14	ম																			1			
	5—14	M]											-
	1—4	Ħ																						-
		M				1																		
4 Weeks and	under year	দ							'	-			1]	က
4 Wee	ur 1 y	M							—				1											-
Under	$rac{4}{ m weeks}$	压							<u> </u>				1											1
Un		M			-			'		 c	4													4
	Total All Ages	দা	9	<u> </u>	ا د		_		4 -	-	=	-		4	4	35	→ ▼	H —	. ro	_	5	<u>~</u>		409
	AII	M	19	6	٠ 	4		24	4	 c	1 4	1				16		4	10	7	9	<u>ം</u>	22	396
			:	:	: :	:	:	:	:	•	:		:	:	:	•	:	•	:	:	:	:		(sesr
														ပ္	С		}	1 0)					(All Causes)
			:	:	ia	:	:	:	:	7.c.	Moreancy Conditions		:	m, et	Diseases of Respiratory System	Diseases of Circulatory System	em	Tissite	tem	:	:	.: se	:	
	es es				Hernia					bour, etc.		ases		Syste	ry S	ry Sy	Syst	SULY '	Sys	•		Injuries		TOTAL
	Causes		sema	:	. —		∞	: •	:-	Labo			:	sno.	irato	$\lim_{i \to \infty}$	Stive	tane	eleta	£8 ::			ises	T
			yphy		tion	1	hros	ostat	lies	cult	orma -defi	etc.,	•	Nerv	Resp	Circu	Uige Viito	Sube	lo-Sk	iden	ts.	$_{\widetilde{\mathbf{M}}}$ ict	L Car	
			d En	:	struc	iver	Nep	of Pro	noma T.G.		d III.	ine,	lers	so of	Jo so	Jo se	Diseases of Digestive System	cin.	uscu	Acc	iden	elf-In	terna	
			s an	\$ C	lcer l Obs	of L	and	ssia c	al Ar	ury,	Spen Se	docr	isorc	sease	sease	sease	Sease	of Sk	of M	hicle	Acc	nd S	EX	
			Bronchitis and Emphysema	Asthma Pontio Illogi	repuie Older Intestinal Obstruction and	Cirrhosis of Liver	Nephritis and Nephrosis	Hyperplasia of Prostate	Congenital Anomalies	Birth Injury, Difficult Labour, etc.	Symptoms and III-defined	Other Endocrine, etc., Diseases	Mental Disorders	Other Diseases of Nervous System, etc.	r Di			Diseases of Skin. Subcutaneous	Diseases of Musculo-Skeletal System	Motor Vehicle Accidents.	All Other Accidents	Suicide and Self-Inflicted	All Other External Causes	
			Bron	Asthma Poptie 1	repu Intes	Cirrh	Nepl	Hyp	Cong	Dirt	Sym	Othe	Men	Othe	Other	Other	Other Other	Dise	Dise	Moto	All (Suic	All (

TABLE 5

TABLE OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS) NOTIFIED DURING THE YEAR

Infective Jaundice		67			-	-	က			7
nguoo gaiqoodW										
Typhus Fever										
Typhoid Fever									1	
Scarlet Fever										-
Relapsing Fever										
Lerequeu Leixeryq										
-oiloq ətuəA sitiladqəənə										
-oilog otusA sitileym										
Pneumonia (Acute-ufini bna vysamir -ufini bna vysamir (Iszne										
Біадие										
Paratyphoid Fever										1
simlsd4dqO mu104sn09N										
Meningocoal name (1820)										
sə[ssəM		-				ಣ	31		17	52
sirslaM							-			,i
Food Poisoning		4					23			9
Erysipelas										
Encephalitis Lethargica										
Dysentery (amoebic and bacillary)					-	4	-		2	6
BirehthqiU										
Cholera										
Population Betimated 1969	1220	10420	3830	2120	870	8670	11630	10230	4510	53500
noitsluqo V 1861 susneO	1209	10427	3789	1855	954	9014	11227	10358	4815	53648
	•	:		•	•	•	:	:		
Sanitary District	Urban: Aberaeron	Aberystwyt	Cardigan	Lampeter	New Quay	RURAL: Aberaeron	Aberystwyt	Teifiside	Tregaron	Total

TUBERCULOSIS NOTIFICATIONS, 1969, IN AGE GROUPS

TABLE 6

RESPIRATORY

TOTAT			61	23			1	2	23	2	12
75—	FI	1	1	1	1	1		1		1	
	M	7			1	1				1	က
1	H			1		-			-	1	2
65	Ħ	-		1					-	1	1
55—	ম				1			1	1	1	1
	M			-	1			-			-
) jg -	<u>F</u>				1	1					
45	M	1	_		1					1	9
10	F			1	1		1		-		
35	M	1	1	-		1					1
25—	1			1	1	1				1	
<i>∞</i> 1	×				1						
20—	F										
<u>0</u>	M		1					1			
15—	F		1	1				1			
	K		1				1		1		
<u> </u> _	F	1				1	1				
10	Z						1	 ==	1		
	F					1	1		1		
	Z	1	1			1			1		
1-	<u>F</u>			1	1		1				
.23	M	1	1		1				1	1	
	 E	1						1		1	
	K										
] -	<u>F</u>										
	M	1									
District		Aberaeron Urban	Aberystwyth Boro.	Cardigan Borough	Lampeter Borough	New Quay Urban	Aberaeron Rural	Aberystwyth Rural	Teifiside Rural	Tregaron Rural	Whole County

TABLE 7

NON-RESPIRATORY

									-																		
DISTRICT	0		1	1	Ø	- relation - parties	70		10	1	15		20—		25—	1	35		45—		55-		65—		75-	E	TOTAL
	M	FI	M	H	M	F	Ħ	Ħ	M	F	M	A	M	F4	M	<u>F</u>	M	드	M	Ħ	M	드	M	দ	M	4	
Aberaeron Urban	1	1		1					1	1		1	1									1	1				
Aberystwyth Boro.		1	1						1			1															2
Cardigan Borough	1		1			1	1	1	1	1	1			1													
Lampeter Borough		1	1	1				1	1		1					1	1	1									1
New Quay Urban			1				1		1	1		1	1						1								
Aberaeron Rural	1	1				1	1	1			1		1	1		1											
Aberystwyth Rural						.				1		1															
Teifiside Rural							1							1		1		1									
Tregaron Rural			1									1	1		1	1											1

Section 2

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal Clinics

In view of the prevailing circumstances in Cardiganshire it is not the policy of the local health authority to run ante-natal clinics. At present ante-natal clinics are held under the aegis of the hospital at the Maternity Home, Aberystwyth. They are under the supervision of Dr. Geoffrey Williams, the consultant obstetrician. Domiciliary midwives, whenever possible, accompany the patients to the ante-natal clinics and health visitors give educational talks and film displays on matters connected with childbirth and the care of the infant. Relaxation exercises are held under the aegis of the hospital physiotherapist. This dual arrangement has been worked out in collaboration with the consultant obstetrician and the scheme is running satisfactorily.

At Glangwili Hospital, Carmarthen, the consultant obstetrician for West Wales also holds ante-natal clinics. These facilities are over and above those available to expectant mothers through their family doctor.

Care of Unmarried Mothers and their Children

Arrangements are usually made through the St. David's Diocesan Moral Welfare Committee for the confinement and care of unmarried mothers. Unmarried mothers may be admitted to a hostel outside Cardiganshire for some months before a confinement is due and kept for some time afterwards. The committee also assists in making suitable arrangements for the child.

Other expectant mothers leave home and go to London and the Midlands to seek refuge. Here they apply to the local authority for assistance and the latter contact Cardiganshire as the county of normal residence for a grant towards their maintenance.

Child Welfare

The new mobile clinic is enabling mothers who previously found it difficult to bring their children to an infant welfare clinic to receive attention. The programme of the mobile clinic was as follows at the end of December.

Mobile Clinics

Centre	Day Held	Times	Total No. of Infants attendances in the year	Average No. of Infant attendances per Session	Total No. of Sessions held
Cribyn (Request Llanwnen Alltyblacca (Request) Cwrtnewydd Drefach (Request)	lst Tuesday in month	10.00 a.m. 10.45 a.m. 11.00 a.m. 11.30 a.m.	41 65 20 48 2	4.1 6.5 2.85 4.8 2.0	10 10 7 10 1
Abermagwr Pontrhydygroes Pontrhydfendigaid	1st Wednesday in month	10.00 a.m. 11.30 a.m. 12.00 noon	33 8 25	$egin{array}{c} 3.3 \ 1.33 \ 2.5 \ \end{array}$	10 6 10
Upper Borth Lower Borth	lst Thursday in month	10.00 a.m. 11.30 a.m.	80 5 8	7.27 5.27	11 11
Blaenplwyf Llanrhystyd Llanon	2nd Monday in month	10.00 a.m. 10.30 a.m. 11.15 a.m.	74 59 88	7.4 5.36 8.0	10 11 11
Llangeitho (Request) Llanddewi Brefi Bronant Lledrod (Request)	2nd Tuesday in month	10.00 a.m. 10.30 a.m. 11.30 a.m. 12.00 noon	41 110 41 —	$ \begin{array}{c c} 3.72 \\ 10.0 \\ 3.72 \\ \end{array} $	11 11 11 —
Tre'rddol Talybont Llandre (Request)	2nd Thursday in month	10.00 a.m. 11.10 a.m. 1.00 p.m.	96 168 15	$8.72 \\ 15.27 \\ 2.5$	11 11 6
Goginan (Request) Ponterwyd Devil's Bridge (Request) Capel Seion (Request)	2nd Friday in month	10.00 a.m. 10.30 a.m. 11.30 a.m. 12.00 noon	46 62 4 13	$egin{array}{c} 4.18 \ 5.65 \ 1.33 \ 2.16 \ \end{array}$	11 11 3 6
Llechryd Parellyn	3rd Tuesday in month	10.30 a.m. 11.45 a.m.	78 94	7.8 9.4	10 10
Waunfawr	3rd Wed. in month	10.00 a.m.	257	23.36	11
Capel Bangor Penrhyncoch Bow Street	3rd Thursday in month	10.00 a.m. 10.45 a.m. 11.45 a.m.	66 57 87	6.0 5.18 7.9	11 11 11
Pontgarreg Beulah Rhydlewis	3rd Friday in month	10.30 a.m. 11.15 a.m. 11.45 am	23 53 9	$egin{array}{c} 2.55 \ 5.88 \ 1.28 \ \end{array}$	9 9 7
Llanilar (Request)	lst Wednesday alt. month	10.00 a.m.	19	4.75	4
Felinfach Talsarn Cross Inn (Request)	4th Tuesday in month	10.15 a.m. 11.00 a.m. 12.00 noon	42 41 3	$3.81 \\ 3.41 \\ 3.00$	11 12 1
New Quay Talgarreg Pontsiân	4th Thursday in month	10.15 a.m. 11.15 a.m. 12.00 noon	9 20 45	4.5 2.22 5.0	2 9 9
			2,100	6.05	347

Fixed Clinics

Centre	Where held	Day held	Total No. of infant attendances in the year	Average No. of infant attendances per session	Total No. of Sessions held
Aberaeron	Memorial Hall,	2nd & 4th Friday			
Aberaeron	Aberaeron	in each month	183	7.95	23
Aberporth	Village Hall,	1st Thursday			
11.001 por our	Aberporth	in each month	100	10.00	10
Aberystwyth	2 2 2 4 2 4	Every Wednesday &			
	Aberystwyth	Thurs. afternoons	1,596	15.80	101
Cardigan	County Primary	Every other Tuesday			
	School, Cardigan	in each month	420	17.50	24
Lampeter	Ormond House,	Every other Tuesday		7 = 00	
	Lampeter	in each month	416	17.33	24
*Llanbadarn	Church Hall,	2nd & 4th Monday			0.4
7F 1 1 1	Llanbadarn	in each month			24
Llandysul	Graig Vestry,	1st & 3rd Tuesday	222	9.69	23
*Nove Orace	Llandysul Marriel Hall	in each month	223	9.09	20
*New Quay	Memorial Hall	1st Monday in each month	11	1.57	7
Ponnareau	New Quay Neuadd Goffa,	1st, 3rd and 5th	L. L	1.07	•
Penparcau	Penparcau,	Friday in each			
	Aberystwyth	month	641	12.82	50
Penrhiwllan	The Hall,	2nd & 4th Tuesday	OIL	12,02	
E CHILIRAY HOLE	Penrhiwllan	in each month	146	6.63	22
Tregaron	Memorial Hall,	1st & 3rd Tuesday			
Ö	Tregaron	in each month	503	20.12	25
		TOTAL	4,239	12.72	333

^{*—}Closed during the year and replaced by mobile clinic.

Care of Premature Infants.

Each district midwife is supplied with a Cestra Premature Baby Outfit. Other specialised equipment for treating the baby at home and for transporting it to hospital is borrowed, by arrangement, from the Maternity Home, Aberystwyth.

Number of premature infants born at home	• • •	• • •	1
Transferred to hospital	• • •		
Died within the first 24 hours			
Died within the first 28 days		• • •	

Dental Care.

The following data have been supplied by Mr. W. D. Percival Evans, the Principal Dental Officer.

The dental care of expectant and nursing mothers and of pre-school children is under the supervision of the Principal Dental Officer of the Authority. Full treatment is provided, including artificial dentures.

The following tables show the numbers treated and the type of treatment given during the year.

Attendances and Treatment

Number of Vis	its for T	${ m reatmen}$	nt during	${ m Year}$		Children 0—4 (incl.)	Expectant & Nursing Mothers
First Visit Subsequent Visits	• • •	•••	• • •	•••	•••	167 38	152 204
Total Visits	• • •	•••	• • •	• • •	•••	205	356
Number of Addition	nal Cours	ses of T	reatment	other tha	an the		
First Course com				•••	•••	******	- marketon
Treatment provid	lod durir	og tho x	700 W				
	ieu uurii	ig one y	ear—			0.0	700
Number of Fillings		• • •	• • •	• • •	• • •	66	189
Teeth Filled	• • •	• • •	• • •	• • •	• • •	50	171
Teeth Extracted	• • •	• • •	•••	• • •		228	185
General Anaesthetic		•••	• • •	• • •	• • •	106	34
Emergency Visits b	y Patien	.ts	•••	• • •	• • •	65	87
Patients X-Rayed	• • •	•••	•••	•••	•••	12	47
Patients Treated by		and/or	Removal	of Stains	from	_	
the Teeth (Proph		• • •	• • •	• • •	•••	7	82
Teeth Otherwise Co	nserved	• • •	• • •	• • •	• • •	-	
Teeth Root Filled	• • •	• • •	• • •	•••	• • •		11
Inlays	• • •	• • •	• • •	• • •	• • •		
Crowns	• • •	•••	• • •	• • •	•••		11
Number of Courses	of Treat	ment co	ompleted	during th	e year	137	99
Prosthetics							
Patients Supplied v	vith F.U.	or F.L	. (First T	ime)	• • •	• • •	9
Patients Supplied w			•	•••	• • •	• • •	29
Number of Denture		_	•••	•••	• • •	• • •	38
_,							
Anaesthetics							
General Anaesthetic	og Admir	istered	hy Dents	ol Officers			9
General Anaestheth	os Aumn	noucted	by Dente		***	• •	•/

Inspections:

	Children 0—4 (incl.)	Expectant & Nursing Mothers
Number of Patients given First Inspections during Year No. of Patients who required Treatment No. of Patients who were offered treatment	167 167 167	152 152 152

Number of Dental Officer Sessions (i.e. Equivalent Complete Half Days) Devoted to Maternity and Child Welfare Patients:

For Treatment 90
For Health Education

Welfare Foods.

The amount of welfare foods issued during the period can be seen from the following table:—

Commodit	Van	Voluntary Distributors		
National Dried Milk (cartons)		• • •	1,720	8,031
Cod Liver Oil (bottles)	• • •	•••	240	259
A. and D. Tablets (packets)	• • •	• • •	165	93
Orange Juice (bottles)	•••	•••	5,457	7,319

Details of bulk supplies received up to the end of the year are shown in the following table:—

Commodity	Quantity		
National Dried Milk (cartons)	•••	10,728
Cod Liver Oil (bottles)	• • •	• • •	486
A. and D. Tablets (packets)	• • •	• • •	280
Orange Juice (bottles)	• • •	• • •	13,400

The amount of welfare foods issued during the year from the van at the various distribution centres is shown below:—

Centre		National Dried Milk	Cod Liver Oil	A. & D. Tablets	Orange Juice
Aberaeron Aberystwyth Cardigan Lampeter Llandysul Tregaron	•••	11 1,638 5 53 1 12	10 129 2 85 10 4	98 41 10 16	21 4,544 9 815 10 58
TOTAL	• • •	1,720	240	165	5,457

Family Planning Clinic

The county council entered into an agreement with the Family Planning Association for the expanded service recommended by the Minister of Health in his Circulars to local health authorities.

Clinics are now held at Aberystwyth, Aberaeron, Lampeter and Cardigan.

Child Life Protection.

The duties in connection with Child Life Protection are undertaken by the Care of Children Committee. Close liaison is maintained with the Children's Officer who notifies the Health Department of all children under five supervised by her. These are then visited by the health visitor.

Nurseries and Child Minders

At the end of the year four persons had been registered as child minders and two premises as nurseries in accordance with the provisions of the Nurseries and Child Minders Regulation Act, 1948, as amended by the Health Services and Public Health Act, 1968. Several other applications were under investigation.

Juvenile Courts

A report upon the health of all juveniles appearing in court is prepared in accordance with Section 35 of the Children and Young Persons Act, 1933. Medical reports where appropriate are submitted in accordance with Section 11 (iv) of the Summary Jurisdiction (Children and Young Persons) Rules, 1933.

Section 3-MIDWIFERY

During 1969, twenty two hospital midwives and twenty six local authority midwives notified their intention to practise. The Supervisor of Midwives or her deputy paid 66 visits to district midwives, 16 to midwives practising in hospitals, and 18 to health visitors.

In addition, there were ten visits regarding Nursery Groups and Day Care of Children, five attendances at Career Conventions in Schools, and four talks were given to groups of nurses in training at Bronglais General Hospital.

The county is covered by two Maternity Liaison Committees. The one for the Mid-Wales Hospital Management Committee meets at Aberystwyth while that for the South West Wales Hospital Management Committee is convened at Carmarthen, Cardigan or Haverfordwest. The deputy supervisor of midwives normally attends these meetings and the medical staff of the local health authority is represented by Dr. Glyn Rhys, M.R.C.O.G.

The exceptionally small number of babies delivered at home is creating an inefficient midwifery service through lack of practice. Some midwives did not deliver a single baby throughout the year while others only delivered one. The Welsh Board of Health has drawn the Council's attention to the matter which incidentally affects many other counties beside Cardiganshire. After much deliberation it was decided to ask the Welsh Hospital Board whether it would be prepared to assume responsibility for the district midwifery service, or rather what is left of it, for fewer than thirty out of over 700 births occurred at home, in accordance with Section 23(2) of the National Health Service Act, 1946. The final outcome of these overtures is awaited but now that Area Boards are in the offing it seems doubtful whether any firm decisions will be taken until the three branches of the Health Service are amalgamated.

Section 4—HEALTH VISITING

The Council employs eleven whole-time health visitors who also act as school nurses.

Whilst there is as yet no attachment to general practitioners some health visitors call in once or twice weekly at the local doctors' surgery to find out in what way they can assist. In between times they can be contacted on the telephone at their homes. The type of task most commonly allotted to them is follow up visits of the aged who have been under treatment and visits to children who are not making the progress the family doctor thinks a normal child should make.

The success or failure of a relationship between any two groups of persons depends in the long run upon the temperament of the individuals concerned and some doctors find it easier to co-operate with some health visitors than with others and vice-versa.

A detailed account of the work of the health visitors is given in the ensuing table

REPORT OF HEALTH VISITORS/SCHOOL NURSES FOR THE YEAR 1969

		CLINI ATTEN		T.B., aedic, Persons		SCHOOL	WORK
AREA	Infant Visits (0—5 years)	M. & C.W.	All Others	No. of visits to T.B. Blind, Orthopaedic, Mentally Defective Perso	No. of Visits to Schools	No. of children examined	No. of Children found verminous or suffering from Minor Ailments
Rhydypennau, Taly- bont and Glandyfi	1,246	72	1	4	92	2,912	
Aberystwyth Town Centre and Devil's Bridge	934	118		8	87	2,872	
Penparcau and Llan- farian	1,216	77	5	4	102	4,132	17
Penglais, Llanbadarn and Capel Bangor	548	109	6	4	98	1,884	10
Aberystwyth South	966	52		11	169	3,804	92
Aberaeron	1,243	20			124	3,852	23
Lampeter	1,161	46	4	133	169	5,879	76
Llandysul	1,508	53	43	23	131	5,077	7
Cardigan	2,253	33	1	218	82	7,023	55
Llangranog	1,511	67	3	8	118	3,122	
Tregaron	1,972	62	1	23	92	2,466	4
Total	14,558	709	64	436	1,264	43,023	284

Section 5—HOME NURSING

The district nursing service in the county is in a state of flux and so far no clear cut attern of future development has emerged. A survey has shown that the council employs a considerably greater number of nurses than any comparable rural area and yet they appear to be fully occupied. The type of work which the nurses carry out, however, differs from that in the cities where it can be described as performing nursing duties on the general practitioner's instructions. In Cardiganshire, on the other hand, any person may summon a nurse to the house and as a consequence district nurses are very frequently called in before deciding whether or not a doctor should be sent for. This places nurses in a difficult position for by undertaking this diagnostic screening they are carrying out work for which they have not been trained.

The district nurses also act, in practice, as social workers for they are better known than the welfare officers and health visitors who cover much larger areas. It is sometimes claimed that by holding an unduly large number of trained nurses on our staff we are depleting the hospitals. But as most of our recruits are married women who are only willing to serve in the area in which they reside, while hospitals are only found in four different townships, the argument is on the whole without substance.

Whether there is anything to be gained by allowing the elderly, for example, to be visited socially by a welfare officer or health visitor instead of a district nurse is open to argument. The disadvantage, however, is that the expenditure on nursing rises while that for health visiting remains static. And those who lay much stress on statistics find such a state of affairs unpalatable!

Nursing attachments to general practitioners of Type 3 (Association) referred to in the Department of Health and Social Security's Study No. 1 (1969) has worked satisfactorily in a few areas but much remains to be done before complete attachment can be achieved.

The main obstacle in the south of the county is that practices extend over two and occasionally three local health authority areas. The other is the virtual absence of group practices and health centres. Even in the town of Cardigan where final arrangements are in hand for the erection of a health centre agreement has only been reached for its use by one Cardiganshire practice consisting of two doctors.

Efforts will, however, be continued during the coming year to bring a full attachment scheme closer to fruition.

REPORT OF DISTRICT NURSE/MIDWIVES FOR THE YEAR 1969

		Midw	IFERY		I	Home Nurs	ING		
District	No. of Live Births	Total Number of Maternity and Midwifery visits	Total Ante-Natal visits	Number of Mater- nity and Mid- wifery cases nursed (under 14 days)	Total Nursing Visits	Total Number of visits to Elderly (included in total nursing visits)	Number of Injections only	Sick Leave (days)	Maternity Leave (Days)
Aberystwyth: Centre Aberystwyth: South Aberaeron Aberporth Borth Cardigan: St. Dogmaels Cardigan: Verwig Devil's Bridge Glandyfi Henllan Lampeter: Silian Lampeter: Cellan Llanafan Llanafan Llanarth Llandysul Llanfarian Llangeitho Llangranog Llanrhystud Llanwenog Llanrhystud Llanwenog Llechryd Melindwr Mid-Aeron New Quay Rhydlewis Rhydypennau Talybont	2	235 343 401 227 293 156 — 327 128 113 185 85 173 59 189 289 280 226 74 249 123 465 317 178 191 109 335 194	$egin{array}{c} 13 \\ 104 \\ 90 \\ 21 \\ 61 \\ 14 \\ \hline \\ \\ 169 \\ 30 \\ 12 \\ 137 \\ 114 \\ 270 \\ 113 \\ 106 \\ 357 \\ 21 \\ 210 \\ 69 \\ 144 \\ 65 \\ 104 \\ 42 \\ 156 \\ 106 \\ 62 \\ 122 \\ 137 \\ \hline \end{array}$	22 39 36 11 42 14 — 37 15 8 4 6 17 3 15 31 22 20 7 19 23 56 32 6 10 9 36 21	1,590 1,641 1,902 1,512 1,918 1,974 1,887 941 1,951 1,981 2,594 1,252 1,839 2,035 1,565 2,224 1,438 1,675 1,648 1,945 1,480 1,292 1,466 1,455 1,956 1,709 1,826 1,761	1,007 1,427 1,395 1,198 1,034 942 1,189 505 1,420 1,331 1,175 814 1,206 1,155 1,142 1,396 1,038 704 797 1,638 771 726 1,098 672 1,309 859 948 664	190 491 519 237 524 92 887 691 389 96 1,117 591 334 382 774 1,395 226 141 538 551 305 357 147 333 445 571 287 381	17 8 14 17 17 112 5 7 - 5 - 3 - 14 - 14	
Tregaron Relief	$\frac{1}{2}$	148 330	$\begin{array}{ c c }\hline 98\\142\\ \end{array}$	10	2,187 7,244	978 4,691	412 2,444	25 90	
Totals	27	6,422	3,089	571	57,888	35,229	15,847	217	

Section 6—PREVENTION OF BREAK-UP OF FAMILIES

Problem families are regularly visited by health visitors and, when the need arises, by the district welfare officers. In special cases, the health visitor calls in the Chief Nursing Officer, who, in turn, may call in the County Medical Officer.

Consultation with the Children's Officer of the County Council, the County Welfare Officer, the District Medical Officer and the County Medical Officer on the one hand, together with the chairmen of the appropriate committees and the local member on the other, takes place as and when the need arises.

Section 7—VACCINATION AND IMMUNISATION

Smallpox Vaccination

In normal times this is carried out entirely by general practitioners. Records of the 721 successful vaccinations and re-vaccinations carried out in 1969 are as follows

Age			$Number\ successfully\ vaccinated$	$Number\ successfully \ re-vaccinated$
Under 1 year old		* * *	19	
1 year old			82	1
2—4 years	• • •		114	13
5—15 years			13	72
15+	4 • •		45	362

The number of registered live births for the year 1969 was 677 so that at the end of the year an estimated 2.8% of children under a twelvemonth had been vaccinated.

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1969 Table I—COMPLETED PRIMARY COURSES—Number of Persons under age 16

Tren	e of Vaccine or Dose				YE	AR OF BIR	TH		Others	(Do
TYP	E OF VACCINE OR DOSE			1969	1968	1967	1966	1962-65	age 16	TOTAL
1.	Quadruple DTPP	• • •	• • •					- 1		
2.	Triple DTP	•••	• •	109	225	9	1	6		350
3.	Diphtheria/Pertussis	•••	• • •	-					_	
4.	Diphtheria/Tetanus	• • •	• • •		1		1	7	1	10
5.	Diphtheria	•••	• • •	_		-				
6.	Pertussis	•••	• • •			-	_		-	
7.	Tetanus		• • •	_			-	1	8	9
8.	Salk	•••		2	21	2	1	4	_	30
9.	Sabin	• • •	• • •	35	263	36	8	24	10	376
10.	Measles	• • •		1	41	59	40	70	6	217
11.	Lines 1+2+3+4+5 (Diphtheria	ı)	109	226	9	2	13	1	360
12.	Lines $1+2+3+6$ (Wh	ooping Co	ugh)	109	225	9	1	6		350
13.	Lines 1+2+4+7 (Tet	anus)	• • •	109	226	9	2	14	9	369
14.	Lines 1+8+9 (Polio)	• • •		37	284	38	9	28	10	406

Table 2—REINFORCING DOSES—Number of Persons under age 16

					YE		Others	Total		
				1969	1968	1967	1966	1962-65	age 16	Lotai
1.	Quadruple DTPP	• • •	• • •							
2.	Triple DTP	• • •	• • •		28	93	8	63	6	198
3.	Diphtheria/Pertussis	• • •	• • •	l					_	1
4.	Diphtheria/Tetanus	• • •	• • •	1	14	40	4	574	16	649
5.	Diphtheria	• • •	• • •	1		1		8		10
6.	Pertussis	• • •	• • •	-		_	-			
7.	Tetanus		• • •	•	2	6	$\overline{2}$	12	46	68
8.	Salk	* • •	• • •	_	, —	2		9	8	19
9.	Sabin	• • •	• • •		18	15	7	91	39	170
10.	Measles	• • •	• • •		—		Schroding (Schroding)			
11.	Lines 1+2+3+4+5 (Diph	theria)	• • •	3	42	134	12	645	22	858
12.	Lines 1+2+3+6 (Whoopi	ng Coug	h)	l	28	93	8	63	6	199
13.	Lines 1+2+4+7 (Tetanus	;)	•••	1	44	139	14	649	68	915
14.	Lines 1+8+9 (Polio)	• • •			18	17	7	100	47	189

Section 8—AMBULANCE SERVICE

During the year under review the ambulance service operated a fleet of 16 vehicles—9 ambulances, 4 dual purpose vehicles, one utilibus and two former Civil Defence ambulances.

After years of search which culminated the previous year in the Council's failure, after a public enquiry, to erect a new ambulance headquarters at Waunfawr, Aberystwyth, the tide turned and a modern building belonging to Walls' ice-cream in Llanbadarn Road, Aberystwyth, came on the market. This large garage with office and other accommodation on a convenient site adjoining the trunk road and within reasonable distance of the new Bronglais General Hospital will, when adaptations and alterations are completed, enable the staff to work under modern conditions.

The ambulance service at Cardigan which had since the inception of the National Health Service been operated by an agent was brought during the year under full County Council control and housed at a new purpose-built ambulance station. The entire ambulance service in the county is now operated directly by the County Council.

The extension of the radio-telephony service in order to improve communications along some rather extensive blind spots was put in hand and it is hoped that the work will be completed in 1970. Owing to the configuration of the county the ambulance service is at the moment unable to transmit or receive messages along much of the Teifi Valley and northwards of Talybont Hill on the A.487 trunk road. The new system when tried out experimentally remedied these deficiencies.

The number of patients conveyed by ambulance increased from 28,828 in 1968 to 30,548 in 1969. A further 6,341 were conveyed by sitting car. The number of emergency cases carried during the year totalled 1,374—an average of nearly four cases every day of the year.

TABLE 14

	1967	1968	1969
Number of patients conveyed Number of journeys made Mileage covered	29,859	28,828	30,548
	7,771	7,680	8,394
	310,609	300,241	307,672

Ambulance Details, 1969

Station	Total number of patients conveyed	Emergency	Non- emergency	Number of journeys made	Mileage covered
Aberystwyth Cardigan Lampeter New Quay	19,542 4,799 5,086 1,121	629 206 190 112	18,913 4,593 4,896 1,009	5,735 1,166 1,142 351	142,536 63,483 76,110 25,543
Totals	30,548	1,137	29,411	8,394	307,672

Sitting Car Details, 1969

	Total	Emergency	Non- Emergency
Number of patients conveyed	6,341	237	6,104
Number of journeys made	2,990		
Mileage covered	212,422		

Comparative Statements 1969 with 1968, year ended 31st December

~		7.000000000000	Patients	Mileage
WHOLE COUNTY		Journeys		307,672
$1969 \dots$		8,394	30,548	,
1968	• • •	7,680	28,828	300,241
Difference	• • •	+714	+1,720	+7,431
ABERYSTWYTH				!
1969		5,735	19,542	$142,\!536$
1968	• • •	5,063	17,858	125,767
Difference	• • •	+ 672	+1,684	+16,769
CARDIGAN				
$1969 \dots$		1,166	4,799	63,483
_	• • •	1,019	4,428	63,260
1968	• • •	1,019	1,120	
Difference	• • •	+ 147	+ 371	+ 223
LAMPETER				Ÿ.
1969		1,142	5,086	76,110
1968		1,200	5,326	83,567
1300	•••	1,200	-,020	
Difference		— 58	_ 240	—7,457
NEW QUAY				
1969		351	1,121	25,543
1968	• • •	398	1,216	27,647
1000 ***				
Difference		- 47	— 95	-2,104

Summary for 1969

	Journeys	Patients	Mileage
Ambulance : 1969	8,394	30,548	307,672
Sitting Car: 1969	2,990	6,341	212,422
Combined Figures : 1969	11,384	36,889	520,094

Section 9-PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The local health authority's arrangements for the prevention of illness, care and after care are primarily related to tuberculosis, mental disorder and venereal disease but equipment for nursing at home and for the after care of patients is lent to persons suffering from a multitude of ailments.

Tuberculosis

Close association is maintained with the three chest physicians serving the county. Health visitors follow up contacts of tuberculosis patients and visit them in their homes following discharge. Where this is thought desirable, patients are sent to the Papworth Village Settlement.

Health Education

During the year, talks and demonstrations were given by members of the staff to adult groups, voluntary organisations, students at the College of Further Education and mothers and children attending the infant welfare clinics. The relaxation classes for expectant mothers continued weekly at Aberystwyth Maternity Hospital.

More emphasis was laid on the dangers of smoking than on those of venereal disease as the latter is not at present an appreciable hazard in this County. Hard drug taking does not on the available evidence seem to have affected Cardiganshire so far.

Home Dialysis

The County Council agreed to adapt the home of one young patient suffering from renal failure so that an artificial kidney unit could be installed. The estimated cost to the county was £200.

Report of Dr. Ann Rhys, Medical Officer in Department

Women's Diagnostic Clinic

Clinics are held weekly at Aberystwyth and monthly at Lampeter. An appointment system operates at these clinics but women without appointments are seen also, if time permits. Routine cervical smears are taken from each woman, and a number of other simple tests and examinations are offered also—viz., blood and urine testing, and examination of the breasts.

426 women attended the clinic during the year.

The following abnormalities came to light and were referred for suitable treatment:

DISEASE	No.	Total	% of those attending
Diseases and Abnormalities of the Genital Tract:— Infections of the vagina and cervix: Non Specific Monilia Trichomonas Polypi of the cervix Erosions of the cervix (simple) Menstrual irregularities Prolapse Uterine fibroids	96 6 12 9 60 31 10 5	229	53.7
Diseases of the breasts (simple)	17	17	4.0
Urinary infections	15	15	3.5
Anaemia	6	6	1.4
Psychiatric Disturbances	7	7	1.6

The laboratory work is done at the Pathology Department, New Bronglais Hospital.

The clinic is linked with the mammography service offered by New Bronglais Hospital. Patients attending the Cervical Cytology Clinic are offered an appointment for breast screening by special X-ray techniques at Bronglais Hospital.

The following tables analyse the clinic attendances according to

- (a) Age
- (b) Number of live and stillbirths (excluding abortions)
- (c) Number of women taking oral contraceptives
- (d) Number of women presenting with symptoms

(a) Analysis of Clinic Attendances according to age

Age Group	No. of Women	% of Total Attendances
Under 20 20—29 30—39 40—49 50 or over	23 147 110 98 48	5.4 34.5 25.8 23.0 11.3
TOTAL	426	100.0

(b) Analysis of Clinic Attendances according to No. of Live and Stillbirths (excluding abortions)

No. of live & still births	No. of Women	% of Total Attendances
$egin{pmatrix} 0 \\ 1 \\ 2 \\ 3 \\ 4 \\ \end{bmatrix}$	$egin{array}{c} 220 \\ 44 \\ 90 \\ 38 \\ 18 \\ \end{array}$	$51.6 \\ 10.3 \\ 21.1 \\ 8.6 \\ 4.2$
5 Over 5	13 3	$\frac{3.5}{0.7}$
Total	426	100.0

(c) No. of Women taking oral contraceptives—127

(29.8% of total attendance)

(d) No. of women presenting with symptoms—108

(24.4% of those attending)

(e) No. of women presenting with no symptoms—318

(75.6% of those attending)

ANN RHYS

Medical Officer in Department

Notification of Congenital Defects apparent at Birth

The following is Dr. Butler's Report:—

Monthly notifications of babies born in the county with congenital abnormalities were sent to the General Register Office. The total number of abnormalities noted was 13.

A detailed analysis follows:—

Bilateral Hare lip	and Cle	eft Palate	1
Congenital Disloca	tion of	Hip	4
Talipes			5
Web Toes		• • •	1
Umbilical Hernia	• • •	• • •	1
Absent Pinna	• • •		1

Abnormalities which become apparent some time after birth are noted by the doctor and health visitor and are referred for paediatric opinion.

A. C. BUTLER

Medical Officer in Department

Fluoridation of Water Supplies

Few items have received such long and detailed discussion by the Health Committee as the fluoridation of water supplies. The convictions of both sides are firmly held and I personally see little likelihood of any change of view in the near future.

Incontinence Pads

Incontinence pads are provided to all nursing cases where they are required. The application is made through the district nurse or health visitor.

15,319 have been used in domiciliary and welfare home cases during the year. A charge of 7/6 per dozen for large pads and 5/- per dozen for small pads, is made where the patient is able to pay.

In a rural area it is difficult to arrange for special collection of soiled pads. Pads are usually wrapped in paper and disposed of in a refuse bin or they are burned in a household stove.

Section 10—HOME HELP SERVICE

The local authority provides home help on a very generous scale and the statistics show that nearly 90% of those receiving home help are of pensionable age. Unfortunately during the past year difficulty has been experienced in recruiting home helps. Were it not for this the service would have been expanded even further.

The Authority has one full-time organiser, one assistant organiser, one full time home help and 187 part-time home helps. The cases where home help was provided during 1969 are classified below:—

Maternity	(including	g expecta	ant mothers	s)	12
Tuberculos	is	•••	• • •	• • •	4
Chronic sic	k, includ	ing aged	and infirm	• • •	278
Care of chi	ldren	• • •	• • •	• • •	6
Blind	• • •	• • •	• • •	• • •	14
				_	
Total	• • •	• • •		• • •	314

Applications received during the year totalled 212. These were made up as follows:—

Blind		• • •	6
Tuberculosi	s	•••	
Care of child	dren	• • •	
Illness and	old age	•••	177
Maternity	• • •	• • •	29
	Total		212

Number provided with Total number provided with home help during home help for first the year time during the year Blind 14 Tuberculosis 4 Care of Children 6 278 Illness and old age 74 Maternity 12 12 314 Total - 88

Visits paid to householders by Organisers	• • •	1,415
Visits paid to home helps by Organisers		759
Visits paid to Welfare Officers and District Nurses		19
Other visits	• • •	121

An analysis of the ages of persons receiving home help in the county gave the following results.

Age	Percentage		
Over 100 years	of age —		
90—100 ,,	1.6		
80—89 ,,	\dots 32.0		
70—79 ,,	37.2		
60—69 ,,	16.4		
Under 60	12.8		

Section 11—VENEREAL DISEASES

Venereal disease clinics to serve the north of the county are held at the General Hospital, Aberystwyth, and for the south at Glangwili Hospital, Carmarthen. Some south Cardiganshire cases are also treated at Swansea.

The details of the cases dealt with for the first time in 1969 are as follows:—

Number of New Cases in the Year

Total all venereal	Syphilis		Gonorrhoea	Other Venereal Conditions
conditions Primary &	Primary & Secondary	Other	Gonormoca	
40	***************************************		6	34

Section 12—NATIONAL ASSISTANCE ACT, 1948

The County Welfare Officer is responsible to the Welfare Committee for nearly all of the services carried out under the Act. Medical Officers of the Health Department, however, examine all applicants for entry into the Welfare Homes and also examine persons who are transferred from one Home to another. Routine visits to Homes in accordance with the Council's Proposals under Section 21 of the above Act are also made.

Handicapped Persons are referred by the Welfare Department for medical assessment where this is considered necessary.

Blind Welfare

There were 215 registered blind persons in the County at the end of the year. These were visited by the health visitors, by welfare officers and by the home teacher for the blind where tuition was considered practicable.

It will be seen from the following tables that the majority of blind people in Cardiganshire are over 70 years of age. The absence of industry and dangerous trades makes blindness following accidents an uncommon occurrence.

The following tables show the number of registered blind persons and the number of persons on the observation register at the end of the year.

REGISTERED BLIND (Ordinarily resident in the county).

$Age\ Group$	Male	Female	Total
0			
1			
2			
3			
4			
5—10		1	1
11—15			
16—20		1	1
21—29		1	1
30—39	2		2
40-49	2	9	11
50—59	5	5	10
60-64	1	4	5
65—69	10	13	23
70 and over	54	107	161
TOTAL	74	141	215

ON OBSERVATION REGISTER (Ordinarily resident in the county)

Age Group	Male	Female	Total
0—1			
2—4			
5—15	-	1	1
16—20	****		
21—49	7	7	14
50—64	5	9	14
65 and over	38	83	121
TOTAL	50	100	150

Section 13—CARE OF CHILDREN

Routine medical examinations of children at Peterwell Home and Cartrefle and Erw Lon Family Units were carried out by medical officers of the Department. Boarded out children were also examined in the manner prescribed by statute. Close contact is kept with the Children's Officer, on the one hand, and with practitioners providing the children with general medical services, on the other.

Section 14—MISCELLANEOUS MEDICAL EXAMINATIONS

The Health Department carried out a large number of medical examinations during the year. These were undertaken for a variety of reasons. All new entrants to the superannuation scheme were examined as were all roadmen qualifying for admission to the Sick Pay Scheme. Entrants to Training Colleges were also examined and these numbered over a hundred. All Mid-Day Meal staff were submitted to examination. A number of examinations were carried out on behalf of other local authorities on a reciprocal basis.

All applicants for school transport on medical grounds, school absentees, handicapped pupils in various categories, and children applying for the deferment of the Non Verbal Intelligence Test on health grounds were examined. Details of the examinations carried out are given in the ensuing table:

Medical Examinations for 1969

County Council Staff:				
Architect's Department	• • •	• • •	1	
Children's Department	• • •	• • •	3	
Clerk's Department	• • •	• • •	2	
County Library Departm	nent	• • •	4	
Education Department	• • •	• • •	136	
Health Department	• • •		12	
Planning Department	• • •	• • •	1	
Police and Fire Service	• • •		8	
Surveyor's Department	• • •		19	
Transport and Maintena	nce Depa	rtmei	at 5	
Treasurer's Department	•••	• • •	7	
Welfare Department	• • •	• • •	23	
College of Librarianship,	Wales	• • •	13	
				-234
Trainees	• • •	• • •		118
Other Local Authorities	• • •	• • •		21
				373

Section 15—CHIROPODY SERVICE

The Chiropody Service in Cardiganshire is run under the aegis of a Voluntary Committee which receives a grant from the County Council. The chiropody service is primarily intended for the aged and the Health Department plays no part in the running of the scheme.

The Voluntary Committee deals primarily with pensioners (males over 65 and pensioned females over 60). Registered blind persons of all ages are, however, accepted. According to the information provided by the Voluntary Committee, the number of cases treated during the year was 3,017.

The following persons are eligible under the Voluntary Scheme: women 60 years and over, and men of 65 years and over, who have no private means and are in receipt of Social Security, or old age pensioners only, are eligible for treatment under the reduced rates.

The fees vary according to financial means and range from 1/6 to 2/6.

The number of chiropodists engaged under the Scheme are:—two at Cardigan, one in Lampeter and two at Aberystwyth.

Section 16-MENTAL HEALTH

Report of Dr. C. D. Edwards, Deputy County Medical Officer

Introduction

Changes of staff took place during the year, which had some unsettling influence on the work of the Mental Health Section. The Principal Mental Welfare Officer took up the post of Deputy County Welfare Officer. Through the good offices of the County Welfare Officer, he was able to continue to supervise the work on the Section until a new Principal Mental Welfare Officer was appointed. For this we are most thankful.

July saw the appointment of a female Mental Welfare Officer. When the part-time Psychiatric Social Worker with the Child Guidance Clinic also commenced full-time work and was able to devote one day a week to work in the Mental Health Section, a female Social Worker was able to attend appropriate cases for the first time. This was an important innovation and should be of great help to the efficiency of the service.

The period under review saw two of our Social Workers obtain Certificates in Social Work after completing a period of training at Cardiff. At the same time, one of our officers continued with his two-year course at Coventry, while another, in the South of the County, commenced a one-year course at Cardiff.

Although these changes are temporarily unsettling, the long term result should be an improvement in the service given.

Another significant event, which has had considerable benefit to the Northern part of the County, has been the introduction of a weekly Psychiatric Out-Patient Clinic at Bronglais General Hospital, rather than fortnightly as hitherto.

Cases Referred

Table A indicates the numbers referred to the Mental Health Section by the various areas of the County and the source from whence such referrals came.

The only significant changes appear to be in the North where general practitioner referrals have nearly halved and in the South where this source of referral has doubled. This latter figure is undoubtedly because the Social Worker was in close liaison with general practitioners and attended Psychiatric Out-Patient Clinics at Cardigan in the latter part of the year. The reduction of general practitioner referrals in the North is not so easily explained, but could well be due to a combination of factors, viz., the introduction of weekly Psychiatric Out-Patient Clinics, resulting in easier direct referral by general practitioners, changes of personnel during the year, and differences of interpretation of categories of referral in compiling statistics.

REFERRALS—1969 Table A

Total		96 22 21 1 15 36	191	43 5 4 4 14 14 14	40 9 7 1 1 16	75	332
rmal ver 16	F						
ubnormc Over 16	M.						
Severely Subnormal Under Over 16	F						
Seve	M.						
/ /er 16	F	-11111	-				
ormal Over 16	M.			-		1	-
Sub-Normal Under Ov 16	F					-	-
Un	M.		-		- -	61	က
ic ver 16	Ē						
Psychopathic nder Over 16	M.		1				
Psycho ₂ nder 16	뚄					-	
Psyc Under 16	M.						
nr r 6	Fi	60 13 13 9	114	26 32 8	18 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	35	188
Mentally Ill er Over	M.	35 9 8 6 17	75	16 3 1 1 6 6	12 4 cc 1 8	37	138
Ment ler	Fi		ı				
$\begin{array}{c} M \\ \text{Under} \\ 16 \end{array}$	M.						
		General Practitioners Hospital on discharge Hospital during out-patient treatment Education Authority Police or Court Other Sources	SUB-TOTALS	GENTRAL General Practitioners Hospital on discharge Hospital during out-patient treatment Education Authority Police or Court Other Sources	SOUTH General Practitioners Hospital on discharge Hospital during out-patient treatment Education Authority Police or Court Other Sources	SUB-TOTALS	Totals

Admissions to Hospital

The number of cases known to have been admitted to hospital for mental illness or subnormality in the County during the year was 151, made up as follows:-

Admission to St. David's Hospital, Carmarthen	• • •		146
Admissions to other hospitals because of mental illness	• • •		3
Admissions to hospitals for the subnormal	• • •	• • •	2

These numbers show no significant change over those of previous years.

Table B gives details of those admissions with which Mental Welfare Officers were concerned. While there was a slight decrease in the numbers of the previous two years the numbers requiring compulsory admission under Section 29 of the Mental Health Act remained the same. At the same time the favourable trend of the previous year when there was an increased use of Section 25 has not repeated itself. We hope that in succeeding years this trend will be re-established.

	* A	7	g i	TABL		on 25	Secti	on 26	Secti	on 60	Total
District	M.	F.	M.	on 29 F.	M.	F.	M.	F.	M.	F.	
North—					-	0	0	0		0	50
St. David's Hospital	17	22	3	6	1	0	0	0	1	0	$\frac{50}{2}$
Other Hospitals	1	0	1	0	0	0	0	0	0	0	2
Central							0	2	0	0	99
St. David's Hospital	7	$oldsymbol{5}$	5	4	0	1	0	0	0	0	22
Other Hospitals	0	0	1	0	0	0	0	0	0	0	1
South											
St. David's Hospital	2	1	4	4	0	0	0	0	0	0	11
Other Hospitals	0	0	0	0	0	0	0	0	0	0	0
Sub-Totals	27	28	14	14	1	1	0	0	1	0	86
TOTAL		55	6	28		2		0		1	86

Subnormality

The number of new cases referred during the year are shown in Table A. There were two male adults admitted to Oakwood Park Hospital, Conway, in this period. Also one case from Caersws spent the summer period in employment in the County but returned to hospital later in the year.

Table C shows the distribution of cases from the County in Subnormality Hospitals

at the end of the year

id of the year.				
₽	Table C			
Hospital		Male	Female	Total
Pantglas, Carmarthen	• • •		6	6
Ely Hospital, Cardiff		2		2
Hensol Castle, Llantrisant		4	3	7
Llanfrechfa Grange, Cwmbi	ran		1	1
Eryri Hospital, Caernarvon		1		1
Garth Angharad, Dolgellau	• • •	1		1
Broughton, Chester	• • •		1	1
Brynhyfryd, Welshpool	~ • •	3		3
Llys Maldwyn, Caersws	~ * *	5	6	11
Oakwood Park, Conway		2		2
Hospitals in England	• • •	1	1	2
Totals		19	18	37

The proposed Adult Training Centre and Hostel in the Aberystwyth area will be an important link with the Hospital Service. Our aim will then be to accommodate some of the selected cases at present in hospital at the new Hostel.

After-Care by Mental Welfare Officers

A number of cases required after-care in their own homes during 1969. These cases are indicated in Table D.

Table D

Category of cases needing care Mental Illness	• • •	$Male \ 41$	$Female \ 43$	$Total \\ 84$
Mental Subnormality under 16 years Mental Subnormality over 16 years	• • •	$\frac{2}{34}$	2 31	$\frac{4}{65}$
Total	• • •	77	76	153

There were also cases receiving after-care in Part III accommodation with whom Mental Welfare Officers were concerned. (Table E below).

Table E

Reasons wh	hy needing	Part III	accon	imodation	Male	Female	Total
Mental Illness	•••	• • •	• • •	• • •	3	11	14
Subnormality	• • •	• • •	• • •	• • •	10	7	17

Bryntirion Home, Tregaron

This Home continued to cater for female aged confused residents. During the latter part of the year, consideration was being given to the possibility of making places available for male residents.

The number of residents on 1.1.69 was 34 and at the end of the year there were 30 residing at the Home. Admissions in the year were 18 and distributed as follows:—

Own Homes	• • •		10
General Hospital	• • •	• • •	2
Mental Hospital		• • •	2
Geriatric Hospital	• • •	• • •	2
Welfare Homes	• • •		2

During the period there were two cases transferred to Mental Hospital; two to Welfare Homes, and one case to the Geriatric Hospital. There were also seventeen deaths.

The age distribution of those in residence at the end of the year was as follows:—

Under 65			4
Under $65 \dots$	• • •	• • •	4
65—70 years	• • •	• • •	3
70—75 years		• • •	8
75—80 years	• • •		7
80—90 years	• • •	• • •	7
Over 90 years	•••	• • •	1

Ysgol Bronaeron, Felinfach

There were 32 pupils attending the school on 31st December, 1969. In the year 3 new pupils were admitted and one returned from an assessment unit at Eryri. Three pupils left the school; one to Highmead School, one to help his father at home; and one moved with her parents to Birmingham.

The school continued to arrange trips for visits of groups of pupils to places of interest. Selected pupils together with the Supervisor also commenced making trips on public transport. This was so as to allow them to be trained to use public transport and to make small purchases in shops in either of the two nearby towns. This is a most important part of their social training and is difficult to arrange in a rural area.

Voluntary Agencies

Continued support was being given by various bodies with help to Ysgol Bronaeron and Bryntirion Home, Tregaron. This took the form of donations of money and trips by motor coach, while a Cardiganshire school made the gift of a donkey for the use of the children at Ysgol Bronaeron. While all the gifts and help were greatly appreciated, the direct contacts made by these voluntary bodies and members of the public with staff and residents or pupils, are I think, most beneficial of all in that it helps to promote a feeling of belonging to the community on the part of those handicapped and also give encouragement to the staff to continue their difficult work. For all this we are extremely grateful.

The Cardiganshire Branch of the National Association for Mentally Handicapped Children, one of the voluntary associations wholly concerned with the field of mental health in the young, continues to make a base for its meetings at Ysgol Bronaeron. Not only is its activities of great help to the families of children at the school but it readily gives help to other families in the County with mentally handicapped children and plays a great part in helping to educate the general public as to the problems faced in this field.

C. D. EDWARDS,

Deputy County Medical Officer

Section 17—SANITARY CIRCUMSTANCES

Report of Mr. Evan Richards, County Public Health Inspector

Milk (Special Designations) Regulations, 1963

The duties imposed on the County Council under these Regulations are:—

- (i) the licensing and supervision of milk pasteurising plants;
- (ii) the licensing of dairies where milk is bottled other than at the place of production, and
- (iii) the granting of licences to retail milk which has been bottled at other premises and is obtained pre-packed by these retailers.

The County Council has delegated the work to the Health Committee and the Order is administered as follows:—

- (i) The certification of premises and the supervision of the handling, treatment and bottling is carried out by the County Public Health Inspector.
- (ii) Routine samples of milk are taken by the Weights and Measures Inspectors at the same time as samples taken under the Food and Drugs Act.

The number of licences in force at the end of the year were as follows:

- 1. No. of licensed pasteurising plants 2
 2. No. of dairies where milk is bottled 11
- 3. No. of premises licensed for the re-sale of pre-packed milk ... 45

Fifty-one visits were made to the two pasteurising plants located at the Milk Marketing Board's Creamery at Felinfach and Frondeg, Blaenplwyf, respectively for the purpose of checking the pasteurising plants and routine sampling. All the samples subscribed satisfied the prescribed tests laid down in the Order as to adequacy of pasteurisation. Forty-three visits were also paid to the other dairies where milk bottling is carried out.

Diseases of Animals

Under Section 31 of the Food and Drugs Act, 1955, it is forbidden for any person knowingly to sell milk from any cow suffering from tuberculosis, infection of the udder, anthrax or foot-and-mouth disease. It is the duty of the County Council to enforce these restrictions and for that purpose there is close liaison with the Animal Health Division of the Ministry of Agriculture, Fisheries and Food, whose Veterinary Inspectors inform the County Medical Officer of possible sources of infection discovered at routine clinical examination of the herds.

Several suspected cases of Anthrax were reported during the year and two cases were confirmed. Appropriate action for the incineration of the carcasses were taken under the provisions of the Anthrax Order. There was no connection between the two confirmed cases and the continuing occurrence of a small number of such cases over the years can only be attributed to the use of imported animal feeding-stuffs.

A number of notifications were also received from the Divisional Veterinary Officer of Salmonella Dublin recovered from bovine samples examined at the Veterinary Investigation Laboratory, but no cases of the disease amongst humans were notified which could be attributed to these sources.

In accordance with Circular 17/66 from the Welsh Board of Health on brucellosis a total of 293 milk samples from retail purveyors and schools supplied were submitted to the Public Health Laboratories for examination for Br. abortus infection. A number were reported as being positive when examined by the Ring Test but in

each case subsequent tests proved to be negative, showing that the positive Ring Test result was due to inoculation of the cattle with S.19.

At the end of the year there were 191 herds in the county fully accredited under the Ministry of Agriculture's Brucellosis Eradication Scheme compared with 48 at the end of the previous year and a further 211 herds were in various stages of testing prior to final registration. In the 1970 Agricultural Price Review it is proposed to grant financial incentive to farmers prepared to eradicate Brucellosis from their herds and it is to be hoped that this will prove attractive to farmers as not only should it be of benefit to agricultural economics but also to public health in eradicating the risk of infection to humans. There is no doubt that the incidence of the disease is more prevalent amongst humans than is generally accepted and it would be beneficial if the disease was declared to be a notifiable disease under the Public Health Act, 1936.

Infectious Disease

The Table on page 12 shows the incidence of infectious diseases notified by local authority areas, from which it will be seen that the county continued to be free from any of the major infectious diseases.

Tuberculosis

During the year 15 new cases of tuberculosis were notified by the Chest Physician, 12 being respiratory tuberculosis and the other 3 being non-respiratory.

Each new case is investigated as to the environmental conditions at the home, in order to prevent the spread of infection, and any adverse conditions are reported to the District Medical Officer of Health for action by the local Sanitary Authority. Similar action is taken when a person is discharged from hospital. Premises and clothing are disinfected after admission of respiratory cases to hospital and also in the event of a death at home.

The figures of new cases notified for the first time in each year since 1952 are given below:

New Cases			No. of Deaths			
Year	Respiratory	$Non ext{-}Respiratory$	Respiratory	Non-Respiratory		
1952	36	7	12	3		
1953	47	2	14	1		
1954	44	7	5	2		
1955	37	5	4	1		
1956	43	8	9	2		
1957	35	8	6	1		
1958	29	3	2	Nil		
1959	30	8	5	Nil		
1960	25	6	8	2		
1961	33	5	8	Nil		
1962	18	7	1	1		
1963	23	5	1	1		
1964	17	5	4	2		
1965	14	9	3	Nil		
1966	17	3	2	1		
1967	18	2	4	Nil		
1968	15	1	1	Nil		
1969	12'	3	$\overline{2}$	1		

Housing

Under Section 116 of the Housing Act, 1957, it is the duty of the County Council to have constant regard to housing conditions in each rural district within its area with particular reference to overcrowding and other unsatisfactory housing conditions. It has also to see that sufficient steps are being taken by the district authorities to remedy these conditions and to provide additional housing. These functions can briefly be divided into (a) the building of new houses to let; (b) the improvement of existing houses, and (c) the eradication of unfit houses, and the activities of the authorities during the year were as follows:—

New Housing

The following table shows the number of new dwellings erected by the various authorities during the year and also since the end of the last war:—

NEW HOUSES BUILT FROM 1945 TO 31.12.69

	Local .	Authority	Houses	Privately Built Houses			
	No. under construction at 31.12.69	$egin{array}{l} { m No.} \\ { m completed} \\ { m in 1969} \end{array}$	No. completed since	No. under construction at 31.12.69	No. completed in 1969	No. completed since	
Aberystwyth Borough			499	3	5	156	
Cardigan Borough			357	27	11	193	
Lampeter Borough		<u>. </u>	131	9	3	77	
Aberaeron Urban			84	3	2	58	
New Quay Urban			34	4	25	45	
Aberaeron Rural	36	24	384	37	18	218	
Aberystwyth Rural		31	425	78	89	763	
Teifiside Rural	110	43	509	43	42	356	
Tregaron Rural	27		117	8	11	91	
Whole County	173	98	2,540	212	206	1,957	

In addition to the figures given above tenders had been accepted before the end of the year for the building of a further 39 houses by the Aberaeron R.D.C. and 22 houses by the Aberystwyth R.D.C.

From the above figures it will be seen that almost 4,500 new houses have been built since 1945, a figure which represents nearly 22% of the total housing units in the county which at the end of 1969 can be estimated as approximately 20,350. This compares with a figure of 29.3% for the whole of Wales.

Unfit Houses

During the year the Welsh Office published the Welsh House Condition Survey Report on a sample survey carried out in 1968 in selected local authority areas in Wales. The survey covered 4,800 houses throughout Wales at an estimated total of 881,000 and the houses sampled were picked at random from the rating lists so that in assessing the results due allowance had to be made for sampling errors before analysing them. The two areas in Cardiganshire where sample houses were inspected were the Aberystwyth Rural District and Cardigan Borough, and although figures for individual authorities are not given in the report there is no reason to believe that the results are not fairly accurate and are a good guide to the amount of work still remaining to be done to improve housing conditions, particularly the older class of house.

The following are extracts from the statistics given for the rural part of Wales (that is the whole of Wales excluding the industrial areas of South Wales):—

(i) Approximately 10% of all houses are unfit in some respect;

(ii) 26% of pre 1919 houses are considered to be unfit in some respect;

(iii) 31% are without an internal water closet and 37% without a fixed bath.

(iv) Almost 55% of the unfit houses will cost over £1,000 each for repair costs including the costs of installing the basic sanitary amenities where these were not previously existing.

(v) The distribution of the unfit houses between owner-occupied and tenanted

properties was approximately equal.

(vi) Of the unfit houses 54% were under £40 Gross Value and £22 Rateable Value.

The last housing survey in Cardiganshire was in 1955 when the local authorities were asked to supply the Ministry with estimated numbers of unfit properties in their areas, but no reliance can be placed on such figures by now because since then some of the houses considered unfit have been completely overhauled and modernised, and others which were not then unfit have been allowed to fall into disrepair, particularly tenanted properties subject to a controlled letting where it was obviously uneconomical for the landlord to finance the necessary repairs.

The following table shows what action was taken by the four Rural District Councils during the year for dealing with individual unfit houses:—

Name of Authority	Estimated No. of houses in district	Estimated No. of unfit houses Survey 1955	$No.\ closed$ or $demolished$ $in\ 1969$	Total No. closed or demolished since 1955
Aberaeron R.D.C.	3,550	200	2	127
Aberystwyth R.D.C.	4,850	86	_	62
Teifiside R.D.C.	4,100	366	. 4	24
Tregaron R.D.C.	1,800	213	_	44

In November, 1969, the Welsh Office in Circular 94/69 urged local authorities to tackle the problem of unfit houses within their areas under the powers given to them under the Housing Act, 1969, for giving grants for repairs as well as for the improvement of houses. The authorities are required to submit to the Minister proposals of the steps they intend to take in the years 1970 to 1973 for dealing with unfit properties, but these are not yet available and will be commented on in the next report.

Housing Improvement Grants

The Housing Act, 1969, came into effect in August and should go a long way towards improving the standards of rural housing. Under the Act discretionary grants of up to £1,000 can be given for the improvement and repair of houses compared with a maximum of £400 for improvement works only under the previous Act. Again the Standard Grant for the provision of standard amenities such as bathroom fittings and hot and cold water supply has been increased from £150 to £200 and where the work involves the construction of a building to provide a bathroom the grant can be increased to £400.

The purpose of the Act is to give effect to the Government's policy of improving the existing stock of houses as an integral part of the general housing programme rather than concentrating entirely on the building of new houses, and from reports received from the local authorities there is every indication that the Rural District Councils have been very active in this field during the latter months of the year. It is confidently expected that the figures for 1970 will show a considerable increase in the number of properties improved over the 1969 figures because for some months prior to the Act coming into force there was a general slowing down in the normal rate of applications received.

A summary of the work of the Rural District Councils in this field during 1969 is as follows:—

Name of Authority		Number of discretionary grants approved	Number of standard grants approved	Total
Aberaeron R.D.C.		19	24	43
Aberystwyth R.D.C.	•••	51	42	93
Teifiside R.D.C.		15	24	39
Tregaron R.D.C.	•••	14	27	41

Rural Water Supplies and Sewerage Acts, 1944—1965

Under the provisions of these Acts local authorities are required to provide a supply of wholesome water in pipes to every rural locality in which there are houses or schools. In order to enable this to be done the Ministry of Housing and Local Government makes grants available towards the cost of such works as the expense of providing either a piped water supply or a sewerage scheme is considerably greater in rural areas with a scattered population than in a built-up urban area.

The Act requires that where a local sanitary authority or a joint board apply for a Ministry grant the proposals have to be referred to the County Council for their observations and such observations are considered by the Ministry before approving the schemes. Where a Ministry grant is made, the County Council is likewise required to make a grant, and it is the County Council's policy to give the equivalent of 50 per cent of the Ministry grant.

Water Schemes

Only one application was received during the year from the Cardiganshire Water Board for a grant, namely, the proposed water scheme for the St. Dogmael's Municipal Area of Cardigan Borough. This area is wholly rural in character and situated at too high an altitude to be supplied from the Cardiganshire Water Board's mains without the provision of additional pressure boosting pumps. An alternative source of supply became available last year from new mains being laid by the Pembrokeshire Water Board just over the county boundary and a bulk supply will be obtained from there. A total of 28 farms and cottages will be supplied at an estimated cost of £10,250.

Sewerage Schemes

The continuing restrictions on capital expenditure has considerably curtailed not only the carrying out of many sewerage schemes, but it has also retarded the authorities from submitting proposed schemes for grant aid until financial conditions improve. However, several authorities have been engaged in carrying out preliminary surveys on proposed schemes in readiness for the submission of formal schemes when financial conditions improve.

During the year the following schemes were submitted to the County Council for

their observations and for approval in principle for grant aid:—

(i) An amended scheme for the village of Cellan by the Aberaeron R.D.C. in lieu of the original scheme submitted in 1967. By excluding a group of 9 houses situated about 350 yards from one end of the village a pumping main can be excluded and the total estimated cost reduced from £39,600 to £29,720. The scheme can be extended later to include this group of houses when financial

conditions are less stringent.

(ii) An amended scheme for the village of Pennant by the Aberaeron R.D.C. in lieu of the original scheme submitted in 1968. The amended scheme eliminates two lengths of sewer of approximately 220 yards each which would only cater for a total of 4 properties on the perimeter of the village and it is also proposed to instal a settlement tank type of unit for the treatment of sewage in lieu of the full treatment plant originally proposed. By these amendments the cost of the scheme is reduced from £49,000 to £34,000. Both this scheme and the Cellan scheme have been prepared in an effort to reduce the overall costs in order to obtain Ministry approval.

(iii) A scheme submitted by the Aberaeron R.D.C. for providing a sewerage scheme and disposal unit for the village of Cilcennin. It will cater for the existing 30 houses and is designed to cater for a future growth of 20 properties. The

estimated cost is £33,300.

(iv) A scheme submitted by the Aberaeron R.D.C. for a sewerage scheme for Synod Inn and the adjoining hamlet of Rhyd-y-Beillen to cater for 22 properties and allow for a future development of 18 properties at an estimated cost of £31,000.

(v) A comprehensive scheme submitted by the Aberystwyth R.D.C. for a joint sewerage scheme for Goginan, Capel Bangor and Capel Seion at an estimated

cost of £256,000.

Although there is still a large number of schemes which have been approved and are ready to be implemented it is disappointing to report that no new scheme was commenced during the year. Some of the schemes have been waiting for several years and the Authorities are most anxious to proceed with them, but are unable to do so on account of the restrictions on capital expenditure. Reference was made to this position in last year's report where it was reported that the Tregaron R.D.C.'S scheme for the village of Tregaron, which had been held up for years for various reasons, was being held up once again for financial reasons, and also the Aberystwyth R.D.C.'s joint sewerage scheme for Bow Street, Rhydypennau and Penrhyncoch which was holding up the development of the area. At the time of writing this report it has been announced that the Ministry has consented to work proceeding on both of these schemes, the former at an estimated cost of £130,000 and the latter at an estimated cost of £350,000. It is to be hoped that this easing of restrictions is only the beginning and that work will soon be allowed to proceed on the many other smaller schemes throughout the county which are so essential both from the public health point of view and also to allow for the building of new houses in these villages.

EVAN RICHARDS,

County Public Health Inspector



CARDIGANSHIRE EDUCATION COMMITTEE

ANNUAL REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

for the year

1969



To the Chairman and Members of the Education Committee

I have pleasure in presenting the Annual Report of the School Health Service for the year which ended on December 31st, 1969.

The problem of assessing handicapped children in Cardiganshire cannot be solved until the Welsh Hospital Board appoints a consultant paediatrician for the Mid-Wales area. There is reason to believe that such a step is receiving serious consideration from the Board.

It is gratifying to record that the Committee agreed to appoint a full-time person to undertake hearing "screening" tests throughout the schools in the county. Undetected minor deafness which so often leads to educational backwardness will come to light as a result of the new appointment.

The appointment of a full-time psychologist was being actively considered and a firm decision was expected before the 1970/71 budget.

The purchase of a mobile dental clinic was also authorised during the year and it is hoped to obtain delivery in 1970.

A more detailed account of School Health work is given in the ensuing pages.

I. MORGAN WATKIN,

Principal School Medical Officer

REPORT OF MR. W. D. PERCIVAL EVANS

PRINCIPAL SCHOOL DENTAL OFFICER

It is with pleasure that I present my thirty-eighth Annual Report for year ending December, 1969, and an examination of the table at the end of the Report will show the amount of dental work carried out during the year.

It will also show that dental disease continues to be a serious problem. It is obvious then that everything that is done in schools and at home to prevent dental troubles is to be greatly encouraged. There is probably much that could be done to improve propaganda towards dental health and care, and although a great number of children are treated by the School Dental Service and by private practitioners it is obvious that we are short of the ideal, viz., that every child leaves school dentally fit.

It is essential then that the co-operation of all those who are interested in dental health should be sought to draw attention to the principal measures for safeguarding the condition of the teeth. They are as follows:—

(i) Nutrition

The formation of the teeth of children begins approximately four months before the child is actually born; therefore the diet of the mother when she is pregnant is of great importance. Her diet should be rich in vitamins and calcium. This is naturally a medical matter and is dealt with by the mother's doctor or at the Ante Natal Clinic.

(ii) Eating Habits of Children

The eating of food should be confined to meal times and the eating of biscuits, buns, sweets, sweet cordials especially between meals should be avoided.

Foods such as raw fruits and vegetables which help to clean the teeth naturally should be eaten at the end of a meal.

(iii) Hygiene of the Mouth

Cleaning of the teeth after every meal should be carried out. Where this is not practicable then the mouth should be well rinsed with clean water, forcing it with some vigour between the teeth.

(iv) The Optimum Intake of Fluorides

The Report of the Committee on Research into Fluoridation (H.M.S.O. 1969) states that over the past eleven years the addition of a minute quantity of Fluoride to some of our water supplies has produced a dramatic improvement in children's teeth. The amount of decay in the temporary teeth of children fell by a half, and the number of children free from decayed teeth more than doubled. In the permanent teeth of children aged from 8 to 10 there was a reduction in the amount of decay by about one third and again there was a substantial increase in the proportion with no decayed teeth.

The Committee of specialists were unanimous in their conclusions and they summed up in these words, "Fluoridation is highly effectual and completely safe."

W. D. PERCIVAL EVANS,

Principal School Dental Officer

REPORT OF MR. EVAN RICHARDS

COUNTY PUBLIC HEALTH INSPECTOR

Milk-in-Schools Scheme

All contracts under this scheme are subject to the approval of the Principal School Medical Officer in accordance with the Provision of Milk and Meals Regulations, 1945, and all premises and sources of supply are inspected before a new contract or a change of supplier is approved. So far as the approval of particular sources is concerned the first choice is pasteurised milk whenever such a supply can be obtained irrespective of price.

There were several changes during the course of the year and the classification of the grades supplied to the various schools at the end of the year were as follows:—

No. receiving pasteurised milk in one-third pint bottles	• • •	• • •	72
No. receiving untreated milk in one-third pint bottles	• • •	• • •	19
No. receiving untreated milk in bulk containers			7

The schools receiving untreated milk in bulk containers are the smaller schools in those areas where it is impossible to obtain a bottled supply and are dependent on a neighbouring farm for a supply. In all such cases the source has to be checked for Br. abortus before the supply commences.

Over the last ten years the number of schools receiving a pasteurised supply has increased from 39 to 72. Apart from Aberystwyth district all the other pasteurised supplies come from plants situated either at Newtown or at Fforest-fach near Swansea, so that the milk has to be conveyed for considerable distances before reaching the schools.

During the year 194 visits were made to dairies, farms and schools in connection with milk supplies. Samples of the milk are tested at the Public Health Laboratories in Aberystwyth and Carmarthen. None of the samples showed any evidence of Br. abortus although there were several failures of the keeping-quality tests during the summer period.

Infectious Disease

As will be seen from the table on page 12 there were no outbreaks of infectious disease or of food poisoning at any of the schools during the year other than minor outbreaks of the usual children's diseases such as measles.

School Kitchens and Canteens

During the year 217 visits were made to the kitchens at the primary and secondary schools for the purpose of checking on the quality of the foodstuffs and also to check on the general hygiene conditions of the premises and of the preparation of the food therein as laid down by the Food Hygiene Regulations.

There is excellent co-operation between the School Meals Organiser, the County Architect's Department and the Health Department and when any contraventions of the Food Hygiene Regulations come to light they are immediately rectified through the co-operation of these officers.

During the year a new kitchen/dining room was provided at Tregroes C.P. School and modern kitchen/dining rooms are included in the new schools which were opened during the year at Penrhyncoch, Talybont, Aberystwyth C.P., and at Aberbanc.

School Water Supplies

Apart from Trefeurig C.P. School which is scheduled for closure within the next year, all the Authority's schools are now on the mains supply of the Cardiganshire Water Board which is chlorinated at source.

One problem which has been receiving attention during the year is the plumbosolvent action of the mains water on lead distribution pipes within the school premises. Whilst the water had been treated at source to counteract its acidic properties laboratory examination showed that the water still attacked lead during prolonged contact such as when left over-night or at week-ends and in two cases the amount of lead exceeded the permitted limit. The matter was reported to the Education Committee and it has been decided to replace any lead piping found in schools with copper piping as soon as possible. The schools mainly affected are those which had a water supply before the war when lead was normally used for distribution pipes: those provided with a supply after the war were supplied with copper piping for economic reasons.

EVAN RICHARDS,

County Public Health Inspector

SCHOOL PSYCHOLOGICAL SERVICE

Report of Dr. Cyril James, Consultant Educational Psychologist

The School Psychological Service in Cardiganshire functions in accordance with the organisation laid down in previous years as indicated in the monograph of the British Psychological Society. Close consultation is maintained with the School Health Service and Psychiatric Service: the latter has been strengthened by holding additional psychological clinics on a sessional basis. Liaison is also maintained with the staff of the schools in such a way that the psychologist is not only concerned with the arrangements for special educational treatment within the schools but also with modifying the curriculum and methodology to meet the whole range of pupils from the "high-flier" to the educationally subnormal. In this respect attention needs to be paid to the special needs of the bilingual English/Welsh child particularly when estimates of differentiation of intelligence are required at the sensori-motor and perceptual levels in respect of educability.

The School Psychological Service, which is primarily concerned with preventive measures which aim at changing attitudes, employs both advisory and clinical techniques of such a complementary nature as to foster the mental health and scholastic progress of pupils in a climate suited to the needs of both the ordinary and the handicapped child. In a rural area the approach differs from that of large urban conurbations where the emphasis is on special schools—insofar as the small generously staffed rural school offers such a personal service to individual children that it obviates the early need of transferring a child from a clearly supportive environment to a more alien situation unless of necessity there is clear reason for placing the child in a Day Remedial or Residential Unit.

The following are details of children examined by the Educational Psychologist during 1969 and recommended for various forms of special educational treatment.

Table I—PSYCHOLOGICAL DIAGNOSTIC EXAMINATIONS

(i) Educationally		Boys	Girls	Total
(a) Retarded (b) Backward (c) Dull		10 2 3	$\begin{array}{c}1\\2\\6\end{array}$	11 4 9
(ii) Subnormal (unsuitable for education at school) (iii) Maladjusted (wholly) (iv) For Educational Guidance (v) Gifted Pupils		$-\frac{2}{1}$	_ _ 1 _	
	Total	18	10	28

In addition 23 boys and 13 girls were examined on a sessional basis at the Child Guidance Clinic by Dr. Clive Williams, whose report is given later.

Table II

RECOMMENDATIONS FOR SPECIAL EDUCATIONAL TREATMENT

Residential Special School (a) E.S.N (b) Partially Sighted Ordinary School : Remedial Unit Ordinary School : Observation Junior Training Centre (Felinfach) Audiometric Examination Speech Therapy Psychiatric Referral Paediatric Referral Neurological Referral Remedial Teaching		$Gir^{7}s$ $-\frac{6}{4}$ 7 $-\frac{2}{2}$ 2 5	Total 10 -6 19 -2 1 10 4 -15
Neurological Referral			-
Vocational Guidance* Educational Guidance	-	_	
Hospital Special Units Home Tuition			
Medical Opinion (inc. Orthop.)	10	8	18

*children who leave Highmead Residential Special School are referred to the Youth Employment Officer.

Further to the above, pupils examined and referred for treatment by the psychologist in previous years were reviewed and kept under observation.

The screening procedures for pupils destined for Highmead Residential Special School and the Remedial Units took place at various levels, viz (i) School assessments and Handicapped Pupils Return; (ii) Remedial Teacher assessments; (iii) Psychological examinations; (iv) allied with medical inspections and psychiatric referrals.

The aim has been, however, to deal with as many handicapped pupils as possible locally and only transfer to a Residential Unit such as Highmead those who suffer from sociological difficulties. The primary unit at Cardigan C.P. has done excellent work and has some eighteen full-time pupils who receive special educational treatment. Recent arrangements have been made to extend the facilities into North Pembrokeshire and places have also been drawn up for a Remedial Class in the new Primary School at Llandysul whilst work has already commenced on remodelling the Remedial Unit at Aberystwyth.

A survey of such pupils who are provisionally deemed, as a result of head-teachers' assessments in the Handicapped Pupils' Return, to require special educational treatment, is described in the following statistics.

Table III
SURVEY OF PUPILS DEEMED PROVISIONALLY TO RECEIVE S.E.T.

		$All\ Age\ Groups$				
		Boys	Girls	$oxed{Total}$		
Subnormal Dull Backward Retarded Maladjusted Unclassified	•••	4 19 82 23 8 —	3 6 34 5 1	7 25 116 28 9		
Total	•••	136	49	185		

The following statistics relate to children admitted to and discharged from Highmead Residential Special School during 1969:

Table IV
S.E.T. AT HIGHMEAD RESIDENTIAL SPECIAL SCHOOL FOR E.S.N.
PUPILS

	$egin{array}{c} Adm \ Boys \end{array}$	issions Girls			harges Girls		$egin{array}{c} Resid \ Boys \end{array}$	lent 31.	$12.69 \ Total$
Cardiganshire	5	5	10	4	2	6	11	6	17
Carmarthenshire	15	9	24	7	1	8	32	26	58
Pembrokeshire	12	3	15	6	3	9	20	9	29
Out/County									
Total	32	17	49	17	6	23	63	41	104

Total on Roll:—31st December, 1968—86 (including 2 Cardiganshire day pupils)
Total on Roll:—31st December, 1969—107 (including 2 Cardiganshire day pupils and 1 Carmarthenshire day pupil)

One of the greatest advances which have taken place during the last few years has been the gradual change of attitude by parents and others in the field of education in respect of the realisation that children can cope scholastically with such concepts as are within the functional level of their mental capacity. This is particularly true of parental and professional attitudes to Highmead Residential Special School, in respect of which it is not realised that value can accrue from the early referral and placement of a child in secure surroundings fitted to his age, aptitude and ability. Teachers have also become more sophisticated in their approach to the assessment of the handicapped child—particularly in respect of the educationally subnormal pupil. In Carmarthenshire and Pembrokeshire where school records have replaced the formal eleven plus assessment the way has been opened for pupils to receive special educational treatment in a more informal manner. Similar school records have been introduced in the Lampeter area (at Ffynnonbedr C.P. School).

Most pupils at Highmead R.S.S. have made satisfactory progress within the limits of their reasoning process. The amalgamation of sympathy and benevolent discipline has helped to improve their standard of attainment whilst the introduction of weekend leave (once a month) has encouraged the parents to take an active interest in their children.

Although most pupils who leave Highmead obtain employment there is still a number with basic personality weaknesses who fail to hold an appointment.

There is, therefore, a great need to close the gap involving E.S.N. leavers in the range 50—60 who fail to hold simple jobs. It is assumed that new Social Service arrangements which are envisaged will be able to deal with this problem. As previously indicated in last year's Report the more complicated forms of work-a-day organisation and machinery require a higher degree of mental ability with the result that more pupils of limited intelligence are unable to find suitable employment. It would appear that this is a perennial problem which must be faced in any form of social reorganisation.

These matters are constantly the care of the Youth Employment Officers who are faced with almost insuperable difficulties in catering for this problem.

The Psychologist continues to co-operate with the Medical Officer and the Consultant Psychiatrist in order to ascertain and review the progress of pupils who are receiving Special Educational Treatment.

The following arrangements were made for pupils to receive Special Educational Treatment.

Table V—S.E.T. AT RESIDENTIAL SCHOOLS

				Boys	Girls	Total
DE J						
Blind	• • •		• • •			
	• • •	• • •			(management)	-
Deaf						
Impaired Hearing	• • •				annount for the same	
Delicate	• • •	• • •				
Physically Handie	apped	0 6 6		1		1
Maladjusted	• • •			4	1	5
Epileptic	• • •			1		1
TOTAL	•••	•••	• • •	6	1	7

In addition to the above categories it has been noted that there is a prime need to improve facilities for the placement and treatment of pupils who suffer from emotional disturbances (nervous, habit and behaviour disorders) as a result of adverse sociological conditions.

There is an urgent need for a Residential Special School for Maladjusted at Carmarthen in close proximity to the educational, medical and psychiatric facilities supplied by the L.E.A. and the R.H.B. The proposals have been submitted to the Department of Education and Science for such a school. Many pupils who have been ascertained by the Authority do not at present receive adequate help: the situation may be further aggravated if new responsibilities in respect of such children are placed on the Local Education Authority.

Facilities for the Special Educational Treatment of retarded pupils (that is to say pupils who are relatively intelligent but who have for various reasons fallen behind in their school work) have been consolidated at both Aberystwyth and at Cardigan. The two remedial teachers (Mr. Eckland and Mr. Welson) maintain their liaison with both the primary schools and the remedial units in the secondary schools within the School Psychological Service. Their statistics are as follows:—

Table VI
(i) PUPILS REQUIRING S.E.T. AT REMEDIAL UNITS

		Boys	Girls	Total
Transfer to S.P. Schools	• • •	1		1
Withdrawals	• • •	20	5	25
Discharges	• • •	13	2	15
		34	7	41
Attending at December, 1969	•••	24	13	37

(ii) PUPILS RECEIVING S.E.T. AT THE REMEDIAL UNIT

				Boys	Girls	Total
Direct Ref	ferrals	• • •	• • •	10	9	19
$Ascertained: \\ Maladjusted$	6 9 9		• • •	1	1	2
Retarded	• • •		• • •	7	2	9
Backward		4 0 0	• • •	4	1	5
\mathbf{Dull}		• • •	• • •	2		2
		Total	• • •	24	13	37

Furthermore, a certain number of children attend the Bronaeron Junior Training Centre (School) at Felinfach which is also used for diagnostic purposes.

A balance of provision is gradually being established between the three Counties by the careful distribution of e.g.

(i) Diagnostic Unit, Llanelli.

(ii) Remedial Education Units (Llanelli/Tenby/Aberystwyth), etc.

(iii) (a) Day Special Classes—Primary (Llanelli, Haverfordwest, Cardigan), etc.
 (b) Day Remedial Departments Secondary (Carmarthen, Fishguard, Aber-ystwyth), etc.

(iv) Residential Special School (ESN) (Joint Three Counties at Llanybyther), etc. (v) Projected Special School (Maladjusted) (Joint Agreement Carmarthen), etc.

(vi) Junior Training Centres (Llanelli, Haverfordwest, Felinfach), etc.

(vii) Units for Physically Handicapped (Tumble, Maesyryrfa and Blaenau together with a new project at Felinfach).

(viii) Psychiatric Clinics (Llanelli, Haverfordwest, Aberystwyth), etc.

These units are supported by a broadly based School Psychological Service which is expanding steadily as more enlightened attitudes begin to prevail.

It remains to be seen, however, how the implementation of the N.H.S. (Green Paper) and the Seebohm Report will effect the efficiency of these highly personalised services which are educationally orientated.

Thus by dovetailing school records (including the results of various surveys) with clinical, psychological and educational assessments and case histories it has become possible through the School Psychological Service to facilitate the provision of a variety of types of education for the different categories of pupils in such a manner that most pupils ranging from the quick to the slow learner and the physically handicapped have an equal opportunity of profiting from an education suited to the particular stage of their development, physically, mentally and socially. In respect of the latter the co-operation of the Mental Health Section of the Health Department has been particularly appreciated especially the work of the health visitors and social workers.

In brief, there has been close liaison between the School Psychological Service and the School Health Service as well as with the schools themselves whilst both the statutory services of the Local Authority and the Regional Hospital Board (including the psychiatric and paediatric services) have played their part in fostering the educational progress, mental health and general welfare of the children, the fit and the handicapped, through an integrated and comprehensive approach to their problems. But it remains to see what effect impending changes in the medical, social and educational fields may bring.

CYRIL B. E. JAMES, B.A., M. Ed., Ph.D., F.B.Ps. S.

Consultant Educational Psychologist

SPEECH THERAPIST'S REPORT

Since 1967 the waiting list of patients requiring speech therapy has doubled and it is now apparent that there is no doubt that the speech therapy service in the County needs extending. This has been made particularly clear when one examines the results of the Survey which was carried out in November and December when 781 children were examined; of which 78 require treatment and 68 need following up.

Referrals continue to come from the headteachers, general practitioners, health visitors, school doctors, and the Child Guidance Department with whom we work in close co-operation, thus aiding the child in the widest possible way and so operating a fully integrated service.

The following details relate to pupils treated and awaiting treatment during the year.

Total number treated		• • •	196
Number Discharged	• • •	• • •	74
Number still undergoing end of year	treatment	at	112
Number on waiting list at e	end of year	• • •	110

J. E. HOLDING County Speech Therapist

Part I—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

Table A—PERIODIC MEDICAL INSPECTIONS

Number of Pupils on Registers of Maintained Primary and Secondary Schools in January, 1970 ... 9,297.

Age Groups Inspec-	No. of Pupils who have	Physical Condition of Pupils Inspected		No. of Pupils found not to	Pupils found to require treatment (excluding dental diseases and infestation with vermin)			
ted (By year of Birth)	received a full medical examination	Satis- factory No.	Unsatis- factory No.	warrant a medical examination	for defective vision (excluding	for any other con- ditions recorded	Total individual pupils	
1965 and					squint)	at Part II		
later								
1964	207	207		And the second s	12	38	48	
1963	546	545	1		54	135	183	
1962	84	84			13	21	31	
1961	53	53			6	9	14	
1960	32	32			1	7	8	
1959	493	493			59	116	155	
1958	249	249			20	55	70	
1957	36	36			6	7	12	
1956	29	29			11	10	17	
1955	414	414			38	81	112	
1954 and earlier	244	244			31	53	78	
TOTAL	2,387	2,386	1		251	532	728	

99.96% of the pupils examined were found to be in a satisfactory physical condition, the percentage unsatisfactory being 0.04%.

Table B—OTHER INSPECTIONS

Notes:—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	• • •	• • •	• • •	91
Number of Re-inspections	• • •	• • •	• • •	595 —
		Total	• • •	686

Table C-INFESTATION WITH VERMIN

Notes:—All cases of infestation, however slight, are included in Table C. The numbers recorded at (b), (c) and (d) relate to individual pupils, and not to instances of infestation.

	WILL HOU DO MILDONIZODO OL III DIOCULIA DE LA CONTROL DE L	
43,031	Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	(a)
36	Total number of individual pupils found to be infested	(b)
Nil	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	(c)
Nil	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	(d)

Part II—DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

Table A—PERIODIC AND SPECIAL INSPECTIONS

Note:—All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspections are included in this Table, whether or not they are under treatment or observation at the time of the inspection. This Table includes separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect				PERIODIC INSPECTIONS				Special
Code No.	Defect or 1	Disease		Entrants	Leavers	Others	Total	Inspections
			Т	12	1	5	18	_
4	Skin	•••	О	14	12	14	40	-
	D		T	14	17	62	93	3
5	Eyes—a. Vision	• • •	О	62	22	46	130	1
	h Comint		Т	2	1	3	6	
	b. Squint	• • •	О	5	2	6	13	_
	c. Other		T	1	3	1	5	-
	c. Other	•••	О	2	2	1	5	_
6	Fors a Hospina	ng	T	1		5	6	1
	6 Ears—a. Hearing		О	7	1	12	20	1
	b. Otitis Media		T	-		3	3	_
			о	11	1	6	18	
	c. Other	•••	T	1	_	2	3	_
	c. Omer		0	3		1	4	1
7	Nose and Throat	ad Mhaad	T	4	1	10	15	
	11056 and 11110au	•••	0	57	3	24	84	12
8	Speech		T	1	_	_	1	
0	Speech	• • •	0	3	1	9	13	
9	Lymphatic Glands		T	1	1	2	4	-
	Lymphane Gianus	ie Glands	0	11	4,000,000	6	17	4
10	Heart		T	1	27	4	32	
10	neart	•••	0	4	9	7	20	3

Defect	Defect or Disease		PERIODIC INSPECTIONS				Special
Code No.	Delect of Disease		Entrants	Leavers	Others	Total	-Inspections
11	Lungs	Т	5	1	1	7	_
11	Lungs	0	13	5	14	32	10
12	Developmental—a. Hernia	\mathbf{T}	1			1	-
12	Developmental—a. Herma	О	2	***************************************	1	3	_
	b. Other	\mathbf{T}	3	1	2	6	1
	o. Other	О	23	3	21	47	4
13	Orthopaedic—a. Posture	\mathbf{T}	1	8	7	16	
10	Otthopacare—a. Tostare	0	2	1	9	12	4
	$b. { m Feet} \dots$	\mathbf{T}	14	1	16	31	1
	J. 1000	0	19	5	21	45	6
	c. Other	\mathbf{T}	4	3	5	12	_
		0	13	5	12	30	14
14	Nervous System—a. Epilepsy .	\mathbf{T}		2		2	_
		О	1			1	
	b. Other .	T		-	6	6	
	· · · · · · · · · · · · · · · · · · ·	0	6		5	11	-
15	Psychological—a. Development	\mathbf{T}	1	1	4	6	
	Je sagata w Developinone	0	2	1	5	8	_
	b. Stability .	T	2		1	3	
	· · · · · · · · · · · · · · · · · · ·	О	2	1	5	8	
16	Abdomen	Т	1		5	6	
	• • • • •	. O	1		1	2	
17	Other	Т	1	9	7	11	1
		О	4	8	12	24	24

Part III—TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

Table A—Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	10
Errors of refraction (including squint)	224
Total	234
Number of pupils for whom spectacles were prescribed	114

Table B—Diseases and Defects of Ear, Nose and Throat

	Number of cases
Received operative treatment	
(a) for diseases of the ear \dots \dots	11
(b) for adenoids and chronic tonsillitis	201
(c) for other nose and throat conditions	25
Received other forms of treatment	15
Total	252
Total number of pupils in schools who are known to have been provided with hearing aids:	
*(a) in 1969	
(b) in previous years	

^{*}A pupil recorded under (a) above is not recorded at (b) in respect of the supply of a hearing aid in a previous year.

Table C-Orthopaedic and Postural Defects

	Number of cases
(a) Pupils treated at clinics or out-patients departments	465
(b) Pupils treated at school for postural defects	365
Total	830

Table D-Diseases of the Skin

(excluding uncleanliness, for which see Table C of Part I)

		Number of cases known to have been treated
Ringworm—(a) Scalp (b) Body Scabies Impetigo Other skin diseases	•••	20 35 20 15
	Total	90

Table E—Child Guidance Treatment

		Number of Pupils
Treated at Child Guidance Clinics	•••	102

Table F-Speech Therapy

	Number of cases
Pupils treated by speech therapist	196

Table G-Other Treatment Given

	Number of cases known to have been treated
 (a) Pupils with minor ailments (b) Pupils who received convalescent treatment under School Health Service arrangements (c) Pupils who received B.C.G. vaccination (d) Other than (a), (b) and (c) above 	666
Total	666

CHILD GUIDANCE CLINIC

Report of Dr. Evan Davies, Consultant Child Psychiatrist

During the past year, 58 new referrals were seen at the Child Guidance Clinic. Of these, 27 were referred by general practitioners, indicating an increase of awareness of the role that the Child Guidance Clinic may play in helping in these cases.

Clinics continue to be held in Aberystwyth with monthly clinics in Cardigan and Lampeter. The social work assessment is made by Mrs. Piette, Psychiatric Social Worker, while psychological assessments are made by Dr. Clive Williams of the University Education Department who works part-time in the Clinic.

While the majority of cases can be adequately dealt with in the Clinic setting and appropriate advice and treatment given, some cases tend to require more detailed assessment, and the absence of any in-patient accommodation poses a problem. It is to be hoped that the Unit for socially disturbed children planned to be set up in Carmarthen may, in the future, make a valuable contribution to this hiatus. Attention needs also to be drawn to the problems of adolescents in the county and again the absence of any in-patient accommodation tends to create difficulties in providing solutions for episodes of disturbed behaviour arising as a result of adolescent maladjustment. The Unit for disturbed adolescents at St. David's Hospital might be of value in dealing with this problem.

Appreciation can be offered for assistance given in the Health, Education, Probation, and Children's Departments in co-operating to achieve solutions to various problems referred to the Child Guidance Clinic.

EVAN DAVIES, M.B., B.Ch. (Wales), D.P.M. (Eng.).

Consultant Child Psychiatrist

Table H

New Referrals in 196	39			Males	Females	Total
Schools						
via Educational Psych	ologist		• • •	5	2	7
via Head Teacher	•••			1	3	4
via Speech Therapist	• • •	* * *	• • •	1	1	2
via Medical Officers			• • •	1		1
General Practitioners	• • •	* * •	• • •	15	12	27
		• • •		1	3	4
Children's Dept.					1	1
		• • •	• • •	1		1
Parents			• • •	5		5
	• • •		• • •	1	1	2
Transferred from other	areas	• • •	* * •	4		4
				35	23	58
Total cases under treat Children recommended				67	35	102
residential schools fo				1		1
Children awaiting place	ement	• • •		1		î i
Children under supervi	sion fro	m resid	ential	1	1	_
schools for the malac Adolescents accommo			la fan	I	1	2
psychiatric reasons w	ith the					
the Children's Dept. Children examined by	 D _m Cla	···	i o mo c		2	2
the Educational Psy	chologis	t	mams,	23	13	36

Report of Dr. Clive Williams, Educational Psychologist

My sessional work at the Aberystwyth Child Guidance Clinic and at the monthly Clinics at Lampeter and Cardigan, is concerned with psychological assessment, primarily in the field of mental ability. The general approach is that of a Child Guidance team, under the direction of Dr. Evan Davies, and my work supplements that of the Consultant Child Psychiatrist and the Psychiatric Social Worker.

During the past year I have seen 34 clinic cases, one adult epileptic, and one non-clinic case. 25 of the clinic cases have been new referrals. The ages of cases seen has been distributed fairly evenly between five and fifteen, with a few cases of sixteen and seventeen. 32% of the cases seen are adolescents and I would endorse the remarks concerning adolescent maladjusted made by Dr. Evan Davies in his current report.

While a fair number of the children seen have experienced varying degrees of parental, cultural, and material deprivation, the general background of referral is by no means consistent with the popular notion that bright children from good socio-economic backgrounds are seldom the concern of Child Guidance Clinics. 38% of the cases seen were above average mental ability (i.e. I.Q. between 90 and 109) and 32% were below average mental ability. 23% of the cases seen were of superior or very superior mental ability (i.e. I.Q. greater than 120).

Of the children seen, 6% have been seriously retarded in language development and 12% have serious difficulties with reading. It is more encouraging to note that only one case involved an unfavourable teacher-pupil relationship and only two cases involved delinquency. Few, if any, of the problems have been purely educational and the more characteristic referral has been the maladjusted child whose intellectual functioning and school performance is below his true capacity.

With regard to testing techniques, currently available tests are, on the whole, adequate but there remains the need in Wales for an extension of the work begun by the Welsh Hospital Board in the re-standardisation of the Wechsler Intelligence Scale for Welsh-speaking children (Prawf Deallusrwydd ar gyfer Plant Cymraeg). Personality testing of adolescents has been extended this year and we are making progress in establishing local norms for extroversion/introversion and neuroticism.

As a lecturer in Educational Psychology I am grateful to the Cardiganshire Education Authority for this opportunity of inter-disciplinary collaboration in line with the recommendations of the Summerfield Report. In addition to the worthwhile nature of Child Guidance work itself, I find it of value both in my contact with schools and in the professional training of teachers.

CLIVE WILLIAMS,
B.Sc. (Lond.), M.A. (Wales), M.A. (Dublin), Ph.D. (Dublin)

Educational Psychologist.

Part VI—DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

Number of Pupils on the Register of Maintained Primary and Secondary Schools including Nursery and Special Schools on January 1, 1970 ... 9,297

Attendances & Treatm	ent	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First Visit Subsequent visits	• • •	1,375 682	785 1,582	451 907	2,611 3,171
Total Visits	• • •	2,057	2,367	1,358	5,782
Additional courses of treatn	nent				
$\operatorname{commenced} \dots$		15	17	4	36
Fillings in permanent teeth	• • •	457	1,660	1,330	3,447
Fillings in deciduous teeth		382	6		388
Permanent teeth filled		453	1,603	1,231	$3,\!287$
Deciduous teeth filled		335	9		344
Permanent teeth extracted		119	451	354	924
Deciduous teeth extracted		$2,\!127$	320		2,447
General anaesthetics		1,094	333	70	1,497
Emergencies	• • •	266	121	77	464

Number of Pupils X-rayed	• • •	•••	345
Prophylaxis		• • •	792
Teeth otherwise conserved	• • •	• • •	359
Number of teeth root filled	• • •	• • •	14
Inlays	• • •	• • •	6
Crowns	• • •	• • •	10
Courses of treatment comple	eted	• • •	1,154

Orthodontics	Cases remaining from previous year		5 8
	New cases commenced during year		78
	Cases completed during year	• • •	25
	Cases discontinued during year	• • •	4
	No. of removable appliances fitted	• • •	117
	No. of fixed appliances fitted		2
	Pupils referred to Hospital Consulta	nt	97

Prosthetics	
Pupils supplied with F.U. or	
F.L. (first time) Pupils supplied with other	• • •
dentures (first time) Number of dentures supplied	

Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
		2	2
	8 9	$\begin{array}{c} 21 \\ 23 \end{array}$	29 32

Anaesthetics—General Anaesthetics administered by Dental Offic	ers	143
Inspections: (a) First inspection at school. Number of Pupils (b) First inspection at clinic. Number of Pupils Number of (a) + (b) found to require treatment Number of (a) + (b) offered treatment (c) Pupils re-inspected at school clinic Number of (c) found to require treatment	•••	4,581 1,033 3,771 2,961 127 76
Sessions—Sessions devoted to treatment Sessions devoted to inspection Sessions devoted to Dental Health Education	•••	1,061 49 14

SCHOOL CLINICS, 1969

	Location			
Clinic	Local Authority Premises	Other Premises	Number of sessions hel	
Child Guidance	Aberystwyth Lampeter	Cardigan	63 10 20	93
Dental	Aberystwyth Aberaeron Dinas Cardigan Lampeter Llandysul Tregaron Highmead R.S.S.		690 40 15 90 78 42 14	(This total does not include dental sessions held in classrooms of primary schools).
Ophthalmic		Aberystwyth 'Carmarthen	24 46	70
Orthopaedic	Aberystwyth Cardigan Lampeter	Aberaeron Llandysul Tregaron	43 1 42 10 1 3	100
C F I	Aberystwyth Cardigan C.P. Cardigan Jnrs. Highmead Lampeter Tsgol Bronaeron		$ \begin{array}{c} 39 \\ 26 \\ 26 \\ 48 \\ 17 \\ 22 \end{array} $	178

REPORT OF WORK DONE BY THE ORTHOPAEDIC SISTER FOR THE YEAR 1969

Area	No. of Clinics	At	Attendances		
	held during the year	New Cases	Others	Total	Exercises Manipulation and Massage
Aberaeron Aberystwyth Cardigan Lampeter Llandysul Tregaron	10 43 1 42 1 3	14 25 14 27 7 5	19 124 — 122 2 6	33 149 14 149 9 11	19 122 14 128 4 4
Totals	100	92	273	365	291

Attendances at Mr. MacFarlane's Clinic	• • •	40
Children seen	• • •	492
Attendances at Mr. R. L. Rees' Clinic	• • •	1
Children seen	• • •	4
No. of Hospital visits for shoe fitting	• • •	42
Children seen	• • •	121

Schools Visited	No. of Children seen	Schools Visited	No. of Children seen
Aberporth C.P.	1	Penparcau C.P.	10
Llechryd C.P.	1	Ysgol Bronaeron	48
Lampeter Sec.	80	Highmead Residential	175

In addition 350 domiciliary visits were carried out by the Orthopaedic Sister

HEALTH VISITORS/SCHOOL NURSES' REPORT ON SCHOOL WORK FOR THE YEAR ENDED 31st DECEMBER, 1969

District and Name of Health Visitor	Name of School visited	No. of Times visited	No. of Children examined	No. found verminous	No. suffering from Minor Ailments
Penglais, Llanbadarn & Capel Bangor Miss S. E. A. Morgan	Cwmpadarn C.P. Commins Coch C.P. Penllwyn C.P. Trefeurig C.P. St. Padarn's R.C. Ardwyn Grammar Dinas Secondary	15 30 9 7 17 16 4	185 409 128 50 414 694 4		- 1 9
	Total	98	1,884		10
Penparcau & Llanfarian Mrs. S. E. Morris	Capel Seion C.P. Llanfarian C.P. Llanfibangel C.P. Llanilar C.P. Llanafan C.P. Myfenydd V.P. Penparcau C.P. Penparcau Infants	9 13 9 12 9 9 20 21	140 410 229 317 279 193 1,275 1,289		1 9 7
	Total	102	4,132	_	17
Aberystwyth Town Centre & Devil's Bridge Miss C. Hughes Evans	Aberystwyth C.P. Mynach C.P. Ponterwyd C.P. Ysgol Gymraeg Eglwysfach C.P. Taliesin C.P. Dinas Secondary	33 12 14 25 1	1,270 165 347 1,053 19 17		
	Total	87	2,872		******
Rhydypennau, Talybont & Glandyfi Miss V. O. Davies	Borth C.P. Eglwysfach C.P. Rhydypennau C.P. Penrhyncoch V.P. Talybont C.P. Taliesin C.P. Dinas Secondary	7 12 12 13 10 14 24	406 125 442 176 397 238 1,128		
	Total	92	2,912		
Llandysul Mrs. E. A. V. Williams	Aberbanc V.P. Adpar C.P. Brongest C.P. Capel Dewi C.P. Coed-y-Bryn C.P. Capel Cynon C.P. Cwrtnewydd C.P. Cwenlli C.P. Llandysul C.P. Llandysul C.P. Llandygwydd V.P. Pontsiân C.P. Tregroes C.P. Trewen C.P. Llandysul Grammar	9 9 5 9 9 10 1 12 10 9 8 8 13 10	417 347 59 232 166 195 251 1 1,024 297 221 237 215 487 928	1	2
	Total	131	5,077	2	5

HEALTH VISITORS/SCHOOL NURSES' REPORT ON SCHOOL WORK—Continued

District and Name of Health Visitor	Name of School Visited	No. of Times visited	No. of Children examined	No. found Verminous	No. suffering from Minor Ailments
Cardigan Miss D. M. Davies	Cardigan C.P. Cardigan Infts. Llechryd C.P. Penparc C.P. Verwig C.P. Cardigan Secondary	16 16 13 13 13 11	2,112 1,706 747 798 328 1,332		28 20 — — 7
	Total	82	7,023	-	55
Llangrannog Miss N. Morgan	Aberporth C.P. Blaenporth V.P. Beulah C.P. Caerwedros C.P. Gwenlli C.P. Glynarthen C.P. Llanarth C.P. Llanllwchaearn New Quay C.P. Pontgarreg C.P. Penmorfa C.P. Rhydlewis C.P. Talgarreg C.P.	11 9 6 7 8 9 11 9 9 10 9	792 205 173 138 129 133 295 113 328 190 159 180 287		
	Total	118	3,122	O and Adaptive	
Aberystwyth South Miss D. J. Morgan	Bronant C.P. Brynherbert C.P. Bwlchyllan C.P. Cofadail C.P. Cilcennin C.P. Cross Inn C.P. Cribyn C.P. Llangwyryfon C.P. Lledrod C.P. Llanon C.P. Penuwch C.P. Tanygarreg C.P. Trefilan V.P. Aberaeron Secondary Tregaron Secondary	17 12 12 10 13 29 1 12 7 15 12 12 13 3 1	384 237 114 175 221 486 45 265 83 689 220 187 284 412 2	2 7 1	11 4 5 11 - 8 - 6 4 13 9 6 5 - -
	Total	169	3,804	10	82
Aberaeron Miss E. A. Morgan	Aberaeron C.P. Aberarth C.P. Blaenau C.P. Ciliau Parc C.P. Cribyn C.P. Dihewid C.P. Felinfach C.P. Llwyncelyn C.P. Mydroilyn C.P. Pennant C.P. Aberaeron Secondary	13 11 10 8 23 14 6 9 12 9	585 278 197 182 671 220 272 286 285 208 668	1 - - 7 - 4 1 - -	- - - - - - - - 1 - 1

HEALTH VISITOR/SCHOOL NURSES' REPORT ON SCHOOL WORK—Continued

District and Name of Health Visitor	Name of School visited	No. of Times visited	No. of Children Examined	No. found verminous	No. suffering from Minor Ailments
Lampeter	Bettws Bledrws C.P.	10	234		1
1	Cellan C.P.	11	103	- SEPARATORIA	4
Miss M. Morris	Ffynnonbedr C.P.	23	1,588	100mAstrone	6
	Llangybi C.P.	12	288	3	7
	Llanfair C.P.	19	233		10
	Llanwnen C.P.	12	568	1000000 April 1974	1
	Silian V.P.	11	161		
	Lampeter Secondary	27	1,610		10
	Ysgol Bronaeron	30	470		16
	Highmead Residential	14	624	8	10
	Total	169	5,879	11	65
Tregaron	Gartheli C.P.	10	87		
	Llangeitho C.P.	12	265	distributered	2
Mrs. M. Lewis	Llanddewi Brefi C.P.	12	217		
	Pontrhydfendigaid C.P.	11	152		
	Swyddffynnon C.P.	12	101		distributores
	Tregaron C.P.	. 11	463	- Aller Market Annual Principles (Market Ann	
	Ysbytty Ystwyth C.P.	10	133	-	
	Tregaron Secondary	13	904		2
	Lampeter Secondary	1	144		
	Total	92	2,466		4



